

Name
in
Full

Lewis Ambe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hicks on ^{County} bar **MARYLAND**

Date of death 1909 ^{Month} July ^{Day} 19 ^{Years} 87 ^{Months} ^{Days}

Sex male Color or Race negro Birth-place Ind

Occupation Farm labourer Where Residing if not at place of death

Married, Single or Widowed widower Name of Wife or Husband Elyza J Ambe

Father's Name Ambe Father's Birthplace Ind

Mother's Maiden Name Ambe Mother's Birthplace Ind

Name of person giving Information Jesse Kimmure How related to deceased none

CAUSES OF DEATH

10

X

PHYSICIAN
OR CORONER

Primary dysplasia ^{How long} 2 mos

Immediate Pyelitis ^{How long} 1 mo

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician S. A. Stokes Address Cornersville Ind

Accident or Suicide



Name
in
Full

Eliza Banks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-------------------------------------|--------|-----------------------------------------|-------|-------------------------|----------------|
| Died at ^{Town} New Wolford | | ^{County} Dorchester | | MARYLAND | |
| Date of death | 1909 | Month | July | Day | 11 |
| Age | | 69 | | Months | — |
| Sex | Female | Color or Race | Black | Birth-place | Dorchester Co. |
| Occupation | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Widow | | John Banks | | | |
| Father's Name | | Joshua Bowley | | Father's Birthplace | |
| | | | | Dorchester Co | |
| Mother's Maiden Name | | Anne Bowley | | Mother's Birthplace | |
| | | | | Dorchester Co | |
| Name of person giving information | | Moses Campbell | | How related to deceased | |
| | | | | None | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|----------------------|------------------------|----------|
| Primary | Tuphesis | How long | 8 months |
| Immediate | Mitral Regurgitation | How long | 3 months |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | V. Carroll | |
| | | Address | |
| | | Cambridge, Md. | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harold Brooks Bradshaw

Town

County

MARYLAND

Died at Secretary

Oranoke

Date

of death 1909

Month

7

Day

4

Years

1

Age

Months

3

Days

1

Sex

Male

Color or
Race

White

Birth-
place

Secretary

Occupation

Infant

Where Residing if not
at place of death

Secretary

Married, Single
or Widowed

Infant

Name of Wife or
Husband

Infant

Father's
Name

Reginald Brooks Bradshaw

Father's
Birthplace

Ind

Mother's
Maiden Name

Hester Virginia Hackett

Mother's
Birthplace

Ind

Name of person giving
Information

Reginald Brooks Bradshaw

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Indigestion & Cholera

How long

16 days

Immediate

Menstruation resulted from trip

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

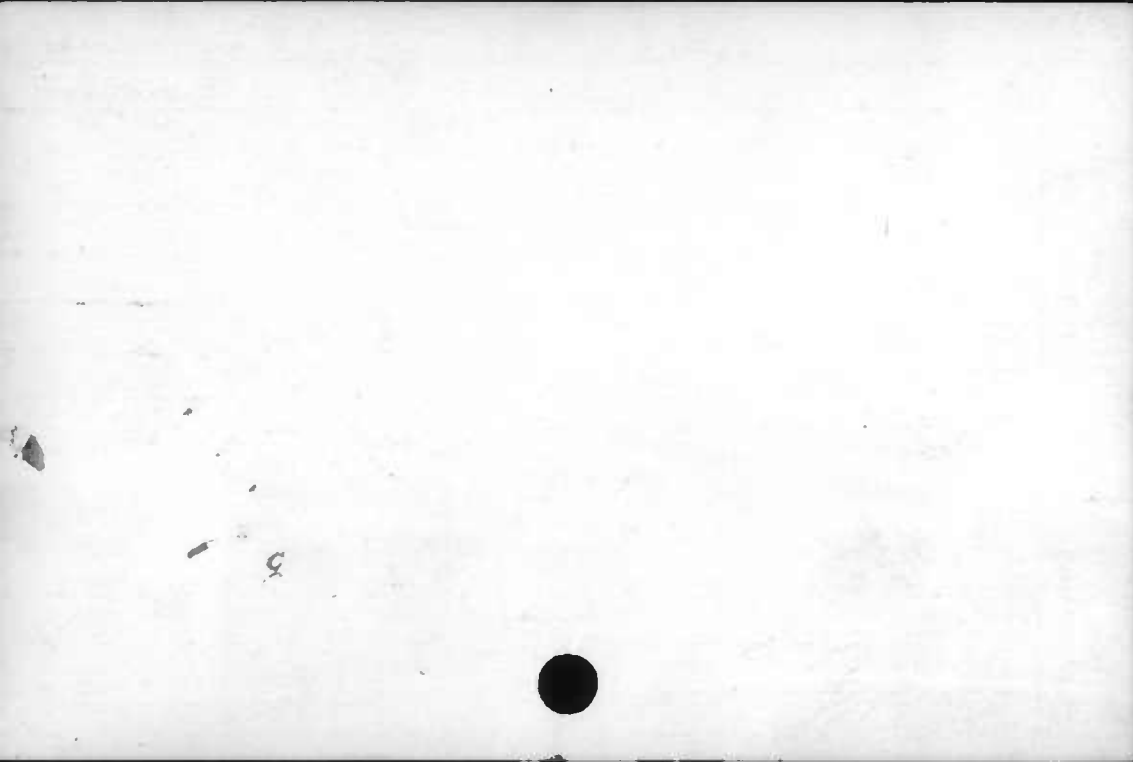
Address

H. V. Hackett, Ind

East Haverhill, Ind

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

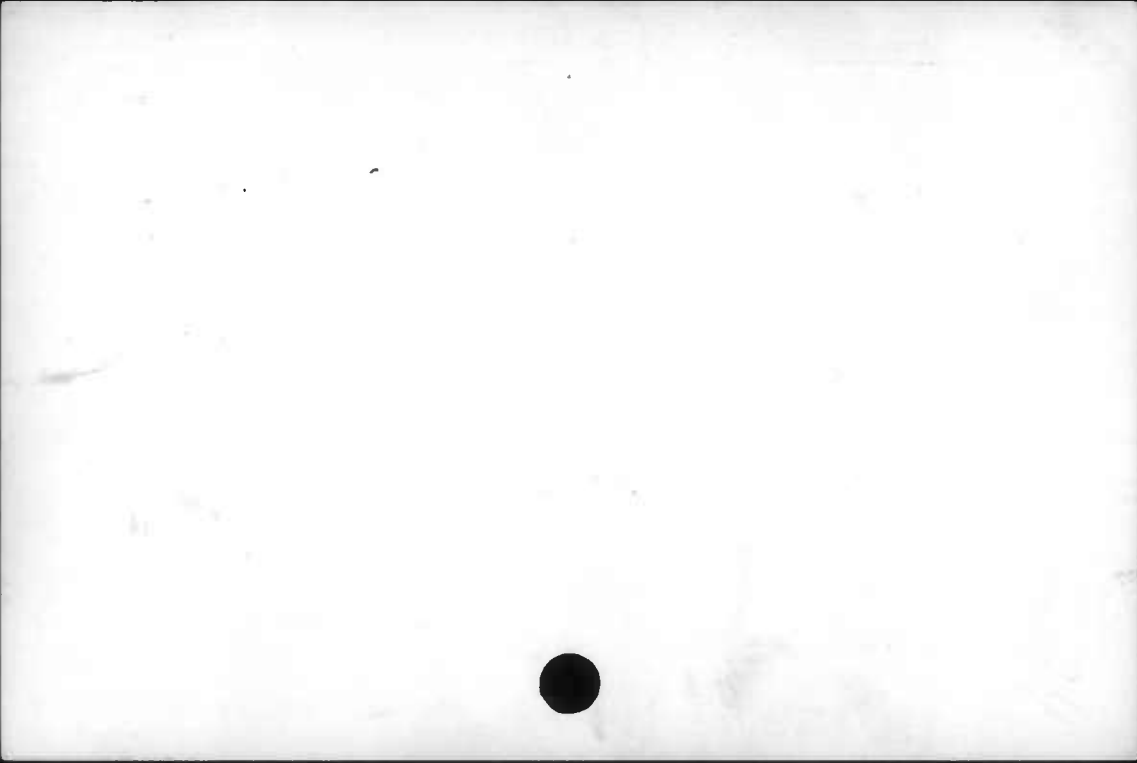
Name *John W. Brammoch*
Town *Cambridge* County *Washington* MARYLAND
Died at
Date of death 190 *9* Month *July* Day *21* Age *65* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Maryland*
Occupation *Farmer* Where Residing if not at place of death *Near Cambridge*
Married, Single or Widowed *Married* Name of Wife or Husband *Susan J. Brammoch*
Father's Name *Zachariah E. Brammoch* Father's Birthplace *Maryland*
Mother's Maiden Name *Mary Vickers* Mother's Birthplace *Idaho*
Name of person giving Information *Howard Brammoch* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Prostitutes* How long *3 months*
Immediate *Unmixed* How long *12 hours*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *[Signature]* Address *Cambridge*
Accident or Suicide

125



Name
in
Full

Baby Corkran

CERTIFICATE OF DEATH

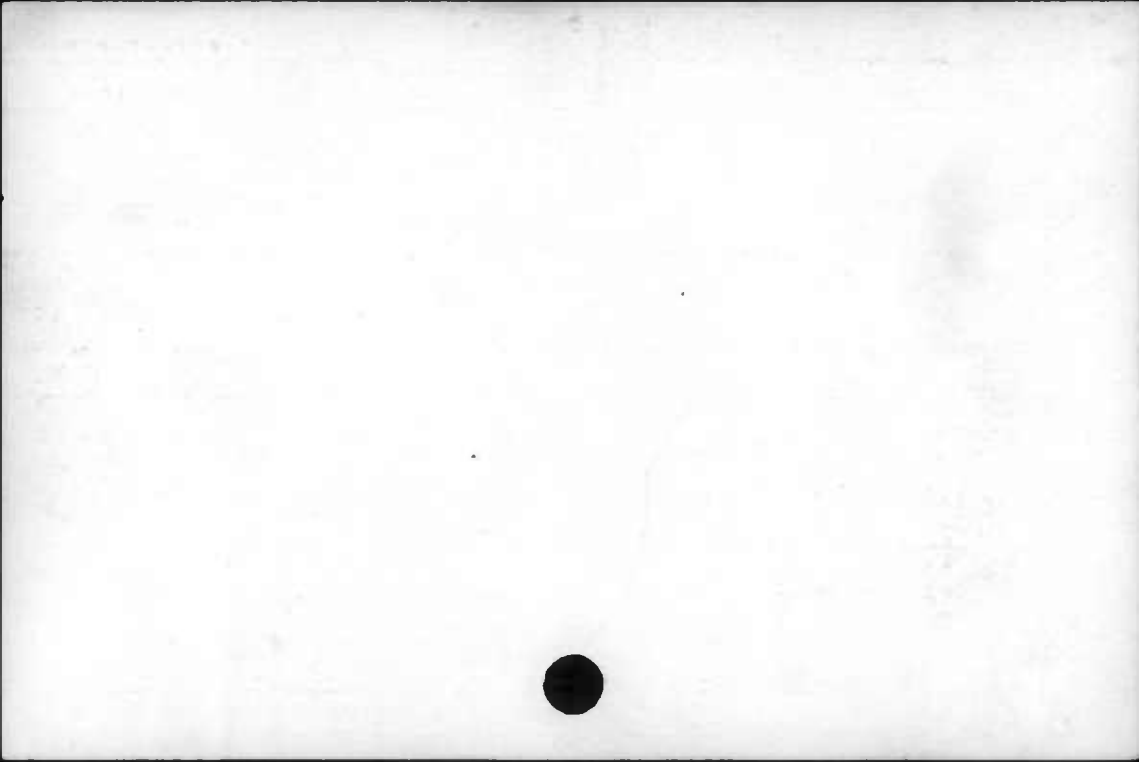
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------|-------|-----------------------------------------|--------|--------|-------------------------|-------------------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1909 | | 7 | 13 | Age | one | | |
| Sex | Female | | Color or Race | White | | Birth-place | E. H. Market, Md. |
| Occupation | Infant | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| Father's Name | | | Vernon J. Corkran | | | Father's Birthplace | |
| | | | | | | Dor Co | |
| Mother's Maiden Name | | | Annie Ogden | | | Mother's Birthplace | |
| | | | | | | Va. | |
| Name of person giving Information | | | Thos J. Warren | | | How related to deceased | |
| | | | | | | Friend | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|----------------------------|------------------------|-------------------|
| Primary | Growth & Pressure on Spine | | How long |
| Immediate | Convulsions | | How long |
| | | 10 days | |
| Are the name, age, sex, color, data and place correctly given above? | | Signature of Physician | |
| yes | | H. F. Nichols, M.D. | |
| | | Address | E. H. Market, Md. |
| Accident or Suicide | | | |



Name

in
Full

Norman Henry Cornish over me for late
 CERTIFICATE OF DEATH

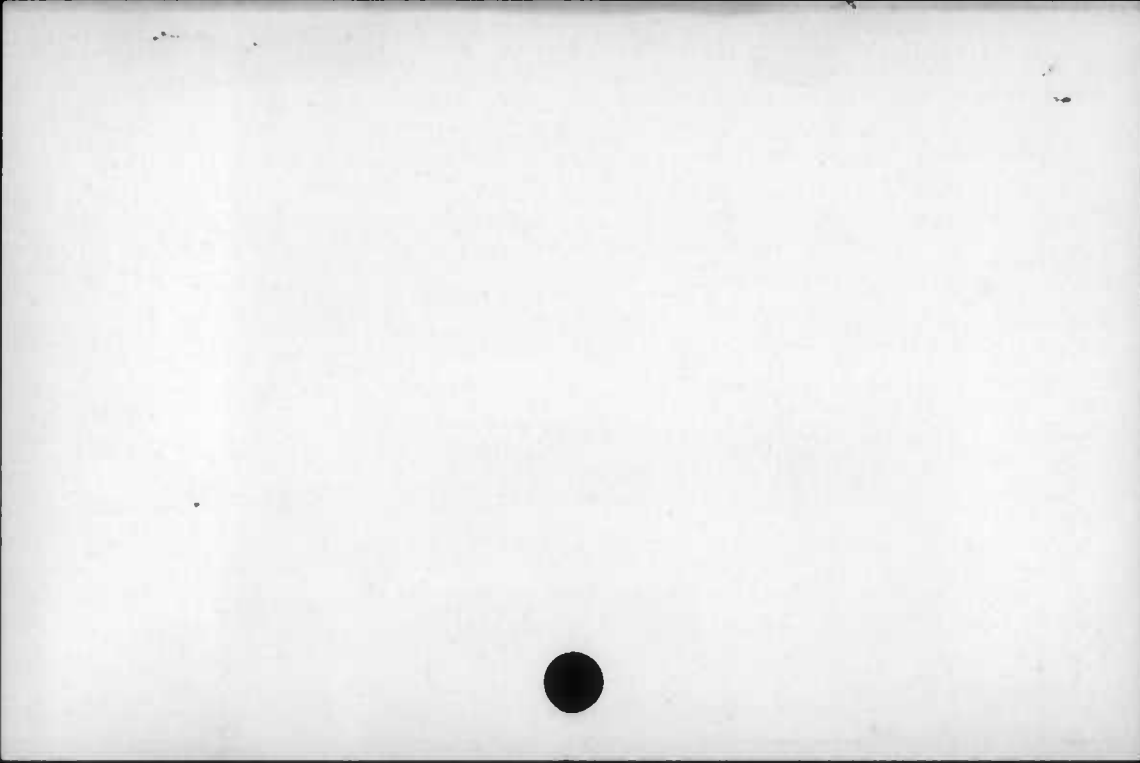
TO BE ANSWERED BY
 NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---------------|------|-----------------------------------------|------------|--------|----------|--|
| Died at | | Town | | County | | STATE | |
| Church Creek | | | | Dorchester | | MARYLAND | |
| Date of death | Month | Day | Age | Years | Months | Days | |
| 1909 | 7 | 14 | | | | 25 | |
| Sex | Color or Race | | Birth-place | | | | |
| male | Black | | Md. | | | | |
| Occupation | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| | | | | | | | |
| Father's Name | | | Father's Birthplace | | | | |
| Unknown | | | | | | | |
| Mother's Maiden Name | | | Mother's Birthplace | | | | |
| Hattie Cornish | | | Md. | | | | |
| Name of person giving information | | | How related to deceased | | | | |
| | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
 OR CORONER

| | | | | |
|----------------------------------------------------------------------|----------------------|------|------------------------|--------|
| Primary | Probably Enteritis | | How long | 10 do. |
| Immediate | No Dr. in attendance | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes. | Signature of Physician | |
| | | | R. L. Linthicum | |
| | | | Address | |
| | | | Church Creek Md. | |
| Accident or Suicide? | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Roland Cornish

Town

near Harlock

County

Dorchester

MARYLAND

Date

of death 1909

Month

Day

July 2

Age

Years

Months

6

Days

Sex

Male

Color or
Race

Black

Birth-
place

New Harlock

Occupation

Infant

Where Residing if not
at place of death

"

"

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Harry Cornish

Father's
Birthplace

Dorchester Co

Mother's
Maiden NameIdda ~~Cornish~~ ^{Nicholls}Mother's
Birthplace

Same

Name of person giving
Information

Nesley Nicholls

How related
to deceased

Grand Parent

CAUSES OF DEATH

Primary

Ananition

How long

1179

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

None in attendance

Address

Robert L. Hastings
Sub Registrar

Accident or Suicide

PHYSICIAN
OR CORNER



Name of Child

Certificate of Birth

Hilton Leroy Fisher

Town

County

Born at

Cambridge Winchester

MARYLAND

Date 1909

Month

July

Day

13

White

Male

Living

Number of Child : 1st ~~2nd~~ ~~3rd~~

Father's

Name in Full

Walter H. Fisher

Age

23

Occupation

Mother's

Maiden Name

Occupation

Reported by

Address

Birthplace

Birthplace

Physician, ~~Midwife~~, ~~Parent~~

Filed 1909

If child is not named, send name as early as possible.



Name
in
Full

Roma Sophia Frazier

CERTIFICATE OF DEATH

Died at

Cambridge

County

Dorchester

MARYLAND

Date

of death

1909

Month

July

Day

24th

Years

Age

Months

3

Days

Sex

Female

Color or
Race

white

Birth-
place

Cambridge

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

George Frazier

Father's
Birthplace

Taylors Island Md

Mother's
Maiden Name

Rosa Kimmey

Mother's
Birthplace

McHaleys Md

Name of person giving
Information

James Frazier

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Marasmus

How long

Several months

Immediate

Cholera Infantum

How long

Several weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E.E. Zieff M.D.

Address

Cambridge, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

in
Full

CERTIFICATE OF DEATH

MARYLAND

Emerson Monroe Henry
 Died at ^{Town} Cambridge ^{County} Dorchester
 Date of death 1909 ^{Month} July ^{Day} 24 Age ^{Years} 1 ^{Months} 8 ^{Days}

Sex ^{Male} Color or Race ^{Colored} Birth place ^{Cambridge Md}
 Occupation ⁱⁿ Where Residing if not at place of death ⁱⁿ

Married, Single or Widowed ⁱⁿ Name of Wife or Husband ⁱⁿ

Father's Name ^{Solomon Henry} Father's Birthplace ^{Dorchester Co.}
 Mother's Maiden Name ^{Sarah Johnson} Mother's Birthplace ^{Dorchester Co.}
 Name of person giving Information ^{Sarah Johnson} How related to deceased ^{mother}

CAUSES OF DEATH

104

Primary ^{Acute Catarrhal Gastritis} How long ^{Ten days}
 Immediate ^{Eclampsia} How long ^{Several hours}
 Are the name, age, sex, color, date and place correctly given above?

Signature of Physician ^{Dexter F. Reynolds M.D.}
 Address ^{Cambridge, Md}

Accident or Suicide



Name
in Full

Bessie M. Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------------------|---------------|-------------------------|-----------------------------------------|-------------------------|----------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1909 | | July | 22 | Age 19 | 2 | | |
| Sex | Female | Color or Race | White | Birth-place | Penn. | | |
| Occupation | Housewife | | | Where Residing if not at place of death | Bridgewater Del | | |
| Married, Single or Widowed | Married | | Name of Wife or Husband | Fred G. Hill | | | |
| Father's Name | William Hartwell | | | | Father's Birthplace | Penn. | |
| Mother's Maiden Name | Mira Jones | | | | Mother's Birthplace | 11 | |
| Name of person giving Information | Fred G. Hill | | | | How related to deceased | Husband | |

CAUSES OF DEATH

113 ✓

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|--------------------------------------------|------------------------|-----------------|
| Primary | Gall stones appendicitis, ulcer of stomach | How long | Some months |
| Immediate | Cholera | How long | One week. |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | Dr. G. L. Brown |
| | | Address | Cambridge, Ma |
| Accident or Suicide | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ann Maria Holland Over one year

Died at *Church Creek* ^{Town} *Dorchester* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *7* ^{Day} *19* Age *66* ^{Years} *0* ^{Months} *12* ^{Days}

Sex *Female* Color or Race *Black* Birth-place *Dorchester Co.*

Occupation *Housework* Where Residing if not at place of death *1*

Married, Single or Widowed *Married* Name of Wife or Husband *Chas. Holland*

Father's Name *George Jolley* Father's Birthplace *Md.*

Mother's Maiden Name *Wesley Jenkins* *(120)* Mother's Birthplace *Md.*

Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Nephritis* How long *1 1/2 yrs.*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *R. L. Lenthicum*

Address *Church Creek Md.*

Accident or Suicide?



Name
in
FullHolland
Baltimore
COUNTY
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

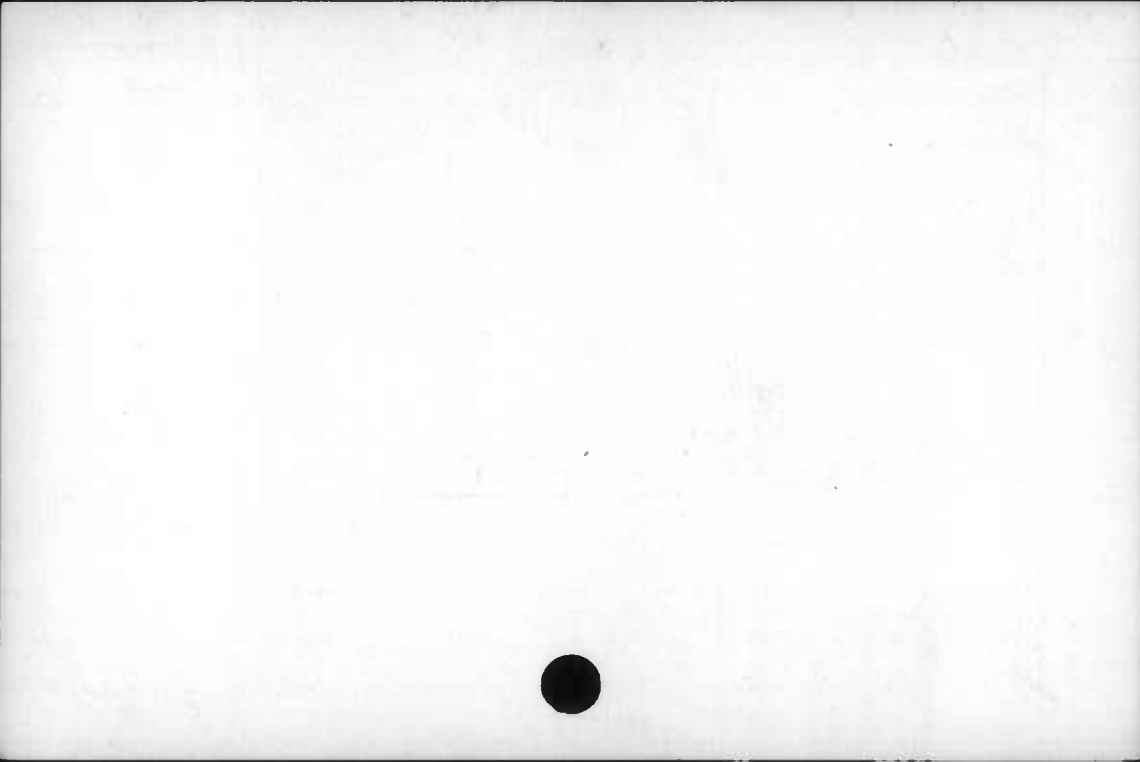
MARYLAND

| | | | | | | | |
|-----------------------------------------|------|-----------------|------|-------------------------|----|-------------------------|---|
| Died at | | Town | | County | | | |
| Date of death | 1909 | Month | July | Day | 12 | Age | 8 |
| Sex | | Female | | Color or Race | | Black | |
| Occupation | | — | | Birth-place | | Baltimore Co | |
| Where Residing if not at place of death | | | | — | | | |
| Married, Single or Widowed | | — | | Name of Wife or Husband | | | |
| Father's Name | | Charles Holland | | | | Father's Birthplace | |
| Mother's Maiden Name | | Louise Hughes | | | | Baltimore Co | |
| Name of person giving information | | Charles Holland | | | | Mother's Birthplace | |
| | | | | | | Baltimore | |
| | | | | | | How related to deceased | |
| | | | | | | Father | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|------------|---------------|---|
| Primary | Still born | How long | 8 |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | H. Harrell | |
| Address | | Cambridge Md, | |
| Accident or Suicide? | | | |



Name
in
Full

Edna Ann Johns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

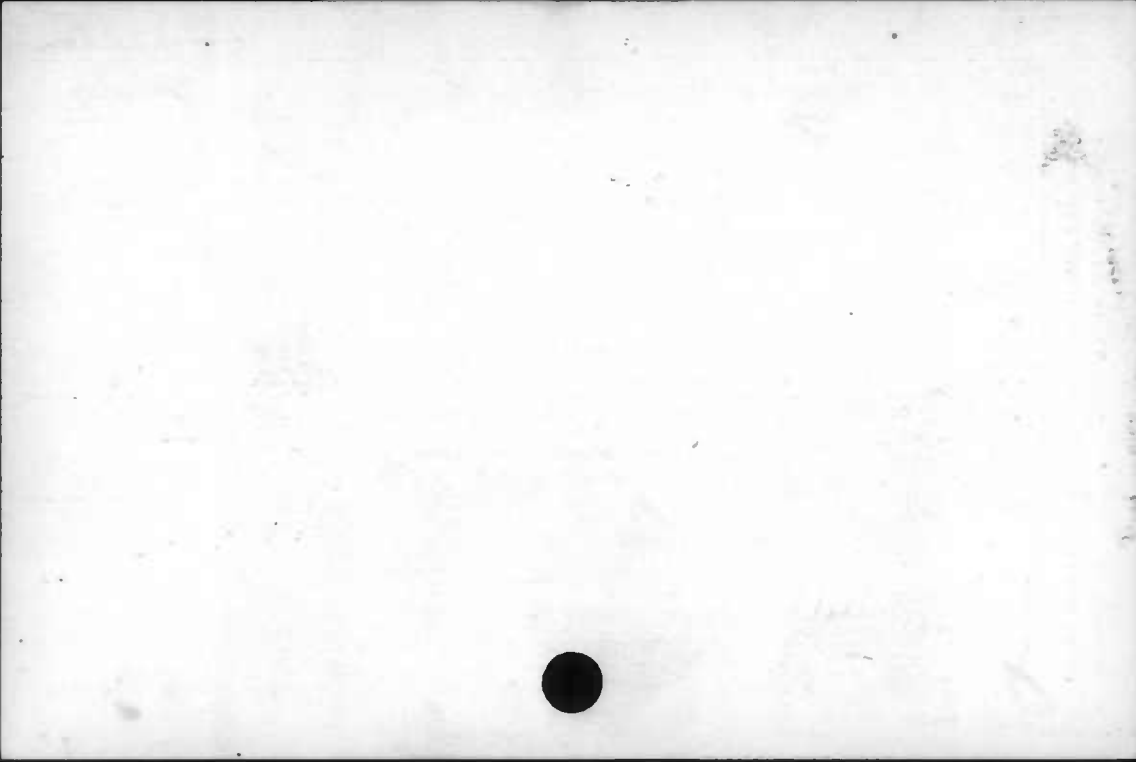
| | | | | | | | |
|---------------------------------------------------------|--|------------------------------------------|-------------------|-----------------------------------------|--------------------|------------------|--|
| Died at | | Town <i>Harlock</i> | | County <i>Worcester</i> | | MARYLAND | |
| Date of death | | Month <i>July</i> | Day <i>1st</i> | Age <i>—</i> | Months <i>5</i> | Days <i>—</i> | |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Md</i> | | | |
| Occupation <i>Infant</i> | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>—</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Peter Johns</i> | | Father's Birthplace <i>Md</i> | | | | | |
| Mother's Maiden Name <i>Carvilla Johns</i> | | Mother's Birthplace <i>Md</i> | | | | | |
| Name of person giving Information <i>Peter Johns</i> | | How related to deceased <i>Father</i> | | | | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|----------------------|------------------------------------------------|----------------|
| Primary | <i>Enteric Colic</i> | How long | <i>3 weeks</i> |
| Immediate | <i>" "</i> | How long | <i>" "</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>R. H. Maynard</i> | |
| | | Address <i>Harlock Md</i> | |
| Accident or Suicide | | | |



Name
in
Full

Alandreth Brooks Jones

CERTIFICATE OF DEATH

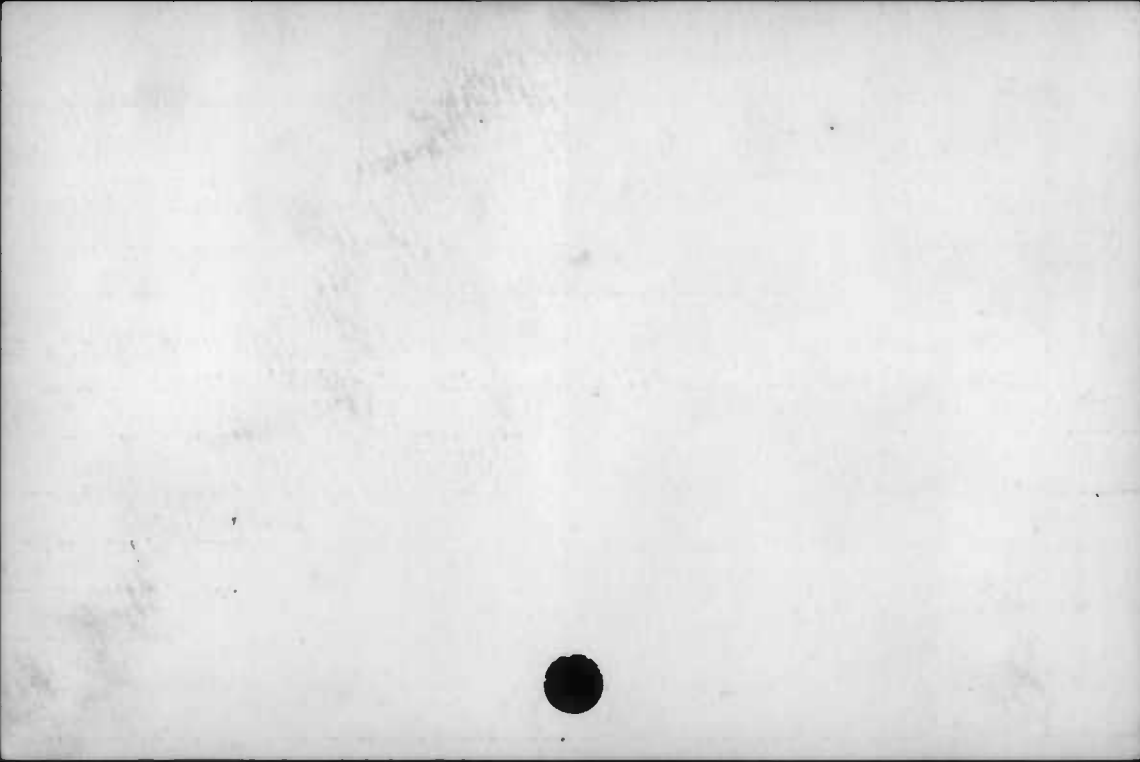
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | | | | | |
|-----------------------------------|--|------------------------------|--|-----------------------------------------|--|----------|--|-------------------------|--|----------------|--|-----------------|--|--|--|
| Died at | | Town near Federalburg, Md | | County Dorchester | | MARYLAND | | | | | | | | | |
| Date of death | | Month | | Day | | Years | | Months | | Days | | | | | |
| 1909 | | 7 | | 16 | | Age | | 6 | | | | | | | |
| Sex | | male | | Color or Race | | white | | Birth-place | | Dorchester Co. | | | | | |
| Occupation | | | | Where Residing if not at place of death | | | | | | | | | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | | | | | | | | | |
| Father's Name | | | | Raymond C. Jones. | | | | Father's Birthplace | | | | Dorchester Co. | | | |
| Mother's Maiden Name | | | | Manie R. White | | | | Mother's Birthplace | | | | Sussex Co. Del. | | | |
| Name of person giving information | | | | Manie R. White. | | | | How related to deceased | | | | Mother. | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|----------------|--------------------|---------|
| Primary | Enter. Colitis | How long | 2 weeks |
| Immediate | Exhaustion | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes. | |
| Signature of Physician | | F. J. Brook. | |
| Address | | Federalburg Md. | |
| Accident or Suicide? | | | |



Name
in
Full

Blanch M Keene

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-----------------|-----------------------------------------|-------|-------------|-------|----------|----|
| Died at | | Town | | County | | MARYLAND | |
| Cambridge | | Dorchester Co | | | | | |
| Date of death | 1909 | Month | July | Day | 22 | Age | 27 |
| Sex | Female | Color or Race | Black | Birth-place | Lakes | | |
| Occupation | House Wife | Where Residing if not at place of death | | Cambridge | | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | | James Keene | | | |
| Father's Name | John A. Moulton | Father's Birthplace | | Cambridge | | | |
| Mother's Maiden Name | Julia Emols | Mother's Birthplace | | Lakes | | | |
| Name of person giving information | James Keene | How related to deceased | | Husband | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|------------------------|------------------------|---------------|
| Primary | Pulmonary Tuberculosis | How long | Constant |
| Immediate | Gradual Exhaustion | How long | — |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | Guy Steele |
| | | Address | Cambridge Md. |
| Accident or Suicide | | | |



Name in Full

Nina Victoria Kelley

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth Le Compte

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge ^{Town} Dorchester ^{County} **MARYLAND**

Date of death 190 9 ^{Month} July ^{Day} 23 Age 64 ^{Years} 6 ^{Months} 22 ^{Days}

Sex Female Color or Race White Birth-place Maryland

Occupation Housewife Where Residing if not at place of death Cambridge Md

Married, Single or Widowed Married Name of Wife or Husband Mrs. H. Le Compte

Father's Name Charles Cottingham Father's Birthplace Maryland

Mother's Maiden Name Cassandra Short Mother's Birthplace "

Name of person giving Information Bessie Hubbard How related to deceased Daughter

CAUSES OF DEATH

66 X

PHYSICIAN
OR CORONER

Primary Paralysis ^{How long} 6 hours

Immediate Gradual exhaustion from repeated stroke ^{How long}

Are the name, age, sex, color, date and place correctly given above? Yes

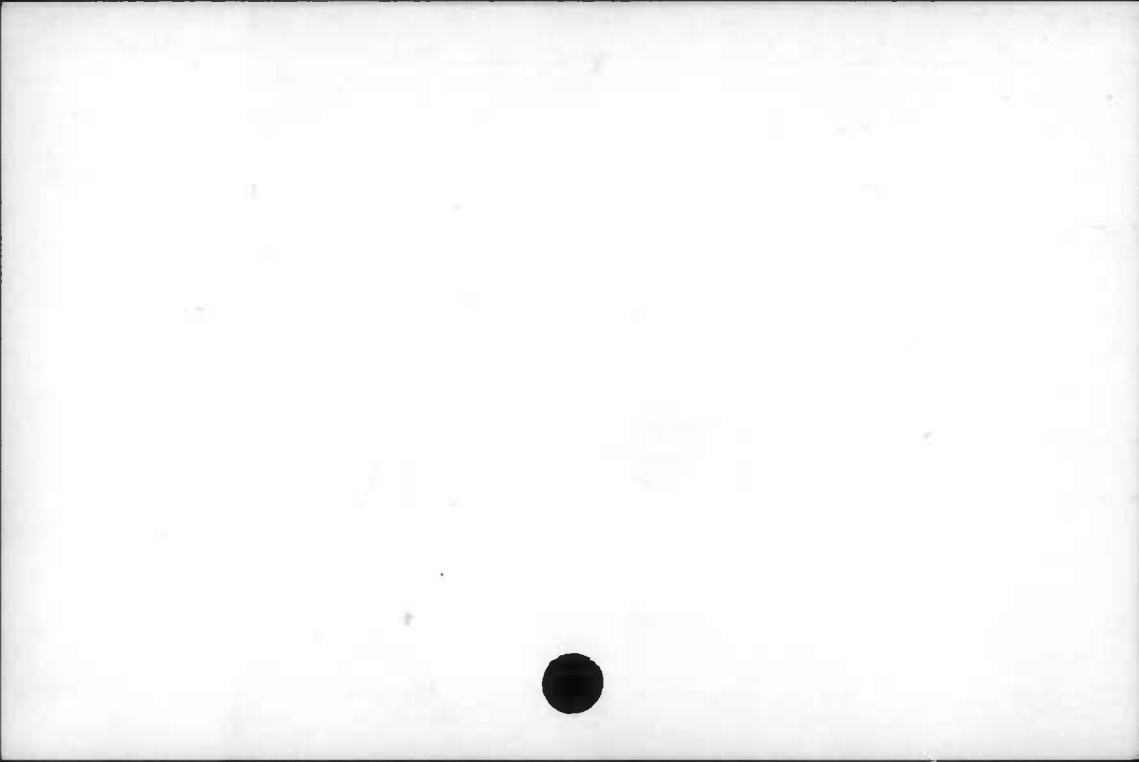
Signature of Physician



Levy Steele

Address

Cambridge Md

Accident or Suicide



| Name in full | | In complete | | County | | CERTIFICATE OF DEATH | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------|-------|-----------------------------------------|------------|----------------------|--|
| M. Elizabeth | | Cambridge | | Vincennes | | MARYLAND | |
| Died at | | Town | | County | | | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1909 | | July | 11 | Age | 49- | 11 | |
| Sex | Female | Color or Race | white | Birth-place | Dr. G. Md. | | |
| Occupation | Housewife | | | Where residing if not at place of death | | | |
| Married, Single or Widowed | widow | | | Name of Wife or Husband | | | |
| Edm. H. In complete | | | | | | | |
| Father's Name | Levin Hall | | | Father's Birthplace | | | |
| Dr. G. Co - | | | | | | | |
| Mother's Maiden Name | Colston | | | Mother's Birthplace | | | |
| Dr Colhoun | | | | | | | |
| Name of person giving Information | Mr. Wm. H. Anderson | | | How related to deceased | | | |
| Cousin | | | | | | | |
| CAUSES OF DEATH | | | | | | | |
| Primary | Valvular throat disease | | | How long | | | |
| Acute heart failure | | | | Some years | | | |
| Immediate | Acute heart failure | | | How long | | | |
| Instantly | | | | | | | |
| Are the name, age, sex, color, data and place correctly given above? | | | | Signature of Physician | | | |
| Yes | | | | Guy Steele | | | |
| | | | | Address | | | |
| | | | | Cambridge Md. | | | |
| <div style="display: flex; justify-content: space-between;"> <div>  <p>Accident or Suicide</p> </div> <div>  </div> </div> | | | | | | | |

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Annie L Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


| | | | | | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------|--|-----------------------------------------------------------------------|--|
| Died at <u>Linkwood</u> <small>Town</small> | | <u>Dorchester Co</u> <small>County</small> | | MARYLAND | |
| Date of death <u>1909</u> <small>Month</small> <u>July</u> <small>Day</small> <u>31</u> | | Age <u>48</u> <small>Years</small> | | <u> </u> <small>Months</small> <u> </u> <small>Days</small> | |
| Sex <u>Female</u> | Color or Race <u>Black</u> | Birth-place <u>Dorchester</u> | | | |
| Occupation <u>House Wife</u> | Where Residing if not at place of death <u>Dorchester</u> | | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Thomas H Lee</u> | | | | |
| Father's Name <u>Robert Thompson</u> | Father's Birthplace <u>Bucktown</u> | | | | |
| Mother's Maiden Name <u>dont know</u> | Mother's Birthplace <u>dont know</u> | | | | |
| Name of person giving Information <u>Thomas H Lee</u> | | How related to deceased <u>Husband</u> | | | |

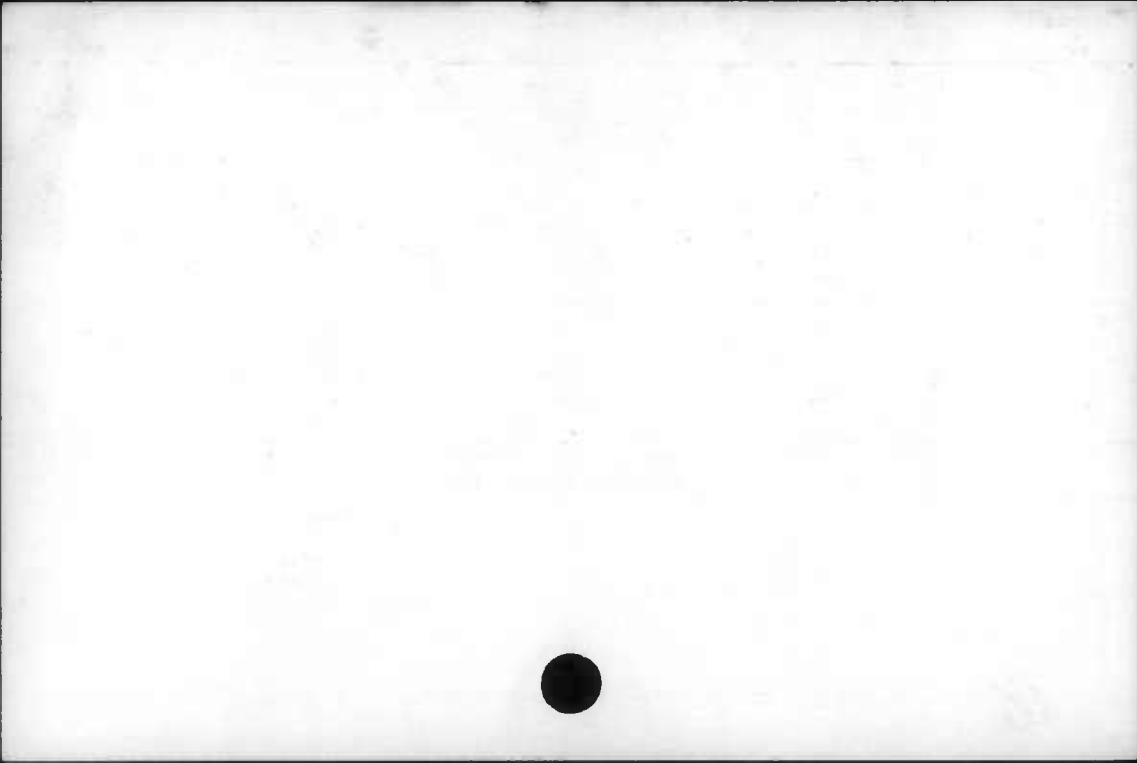
CAUSES OF DEATH

27

X

PHYSICIAN
OR CORONER

| | |
|-----------------------------------------------------------------------------------|-------------------------------------------|
| Primary <u>Tuberculosis</u> | How long <u>Can't say</u> |
| Immediate <u>Exhaustion</u> | How long <u>Gradual</u> |
| Are the name, age, sex, color, data and place correctly given above? <u>yes</u> | Signature of Physician <u>E. E. Wolff</u> |
|  | Address <u>Cambridge, Md</u> |
| | |
| Accident or Suicide <input type="checkbox"/> | |



Name
in
Full

Ellen J McAllister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

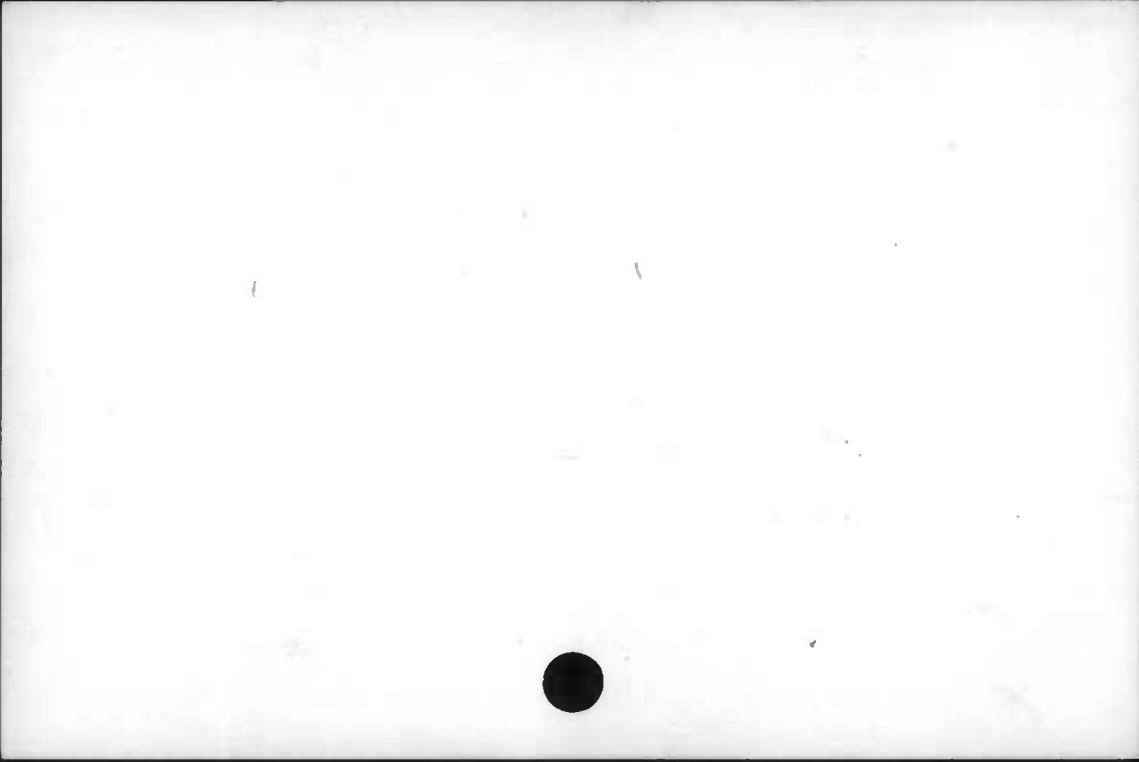
| | | | | | | | |
|-----------------------------------|-----------------|---------------|-----------------------------------------|--------|-------------------------|---------------|--|
| Died at | | Town | | County | | MARYLAND | |
| Cambridge | | Borchester | | Le | | | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1909 July 13 | | Age | | 64 | | | |
| Sex | Female | Color or Race | White | | Birth-place | Borchester Le | |
| Occupation | House Keeper | | Where Residing if not at place of death | | Cambridge | | |
| Married, Single or Widowed | Widow | | Name of Wife or Husband | | | | |
| Father's Name | Arnold Hammann | | | | Father's Birthplace | Borchester | |
| Mother's Maiden Name | Margaret Cooper | | | | Mother's Birthplace | | |
| Name of person giving Information | Hannie Adkins | | | | How related to deceased | Daughter | |

CAUSES OF DEATH

66 X

PHYSICIAN
OR CORONER

| | | | | |
|----------------------------------------------------------------------|--------------|--|------------------------|----------------|
| Primary | Complication | | How long | about 7 hrs |
| Immediate | Paralysis | | How long | few days |
| Are the name, age, sex, color, date and place correctly given above? | yes | | Signature of Physician | John [unclear] |
| | | | Address | Cambridge |
| Accident or Suicide | X | | | |



Name
in
Full

Lillian Evelyn McBready

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Bombard ^{County} Dorchester **MARYLAND**
 Date of death 190 ^{Month} 9 ^{Day} 5th ^{Years} — ^{Months} — ^{Days} —
 Sex Female Color or Race White Birth-place Cambridge
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —
 Father's Name John R. McBready Father's Birthplace Dorchester Co.
 Mother's Maiden Name Edna McBready Mother's Birthplace Dorchester Co.
 Name of person giving Information John R. McBready How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Malnutrition ^{How long} Since birth
 Immediate Exhaustion ^{How long} Gradual

Are the name, age, sex, color, date and place correctly given above?

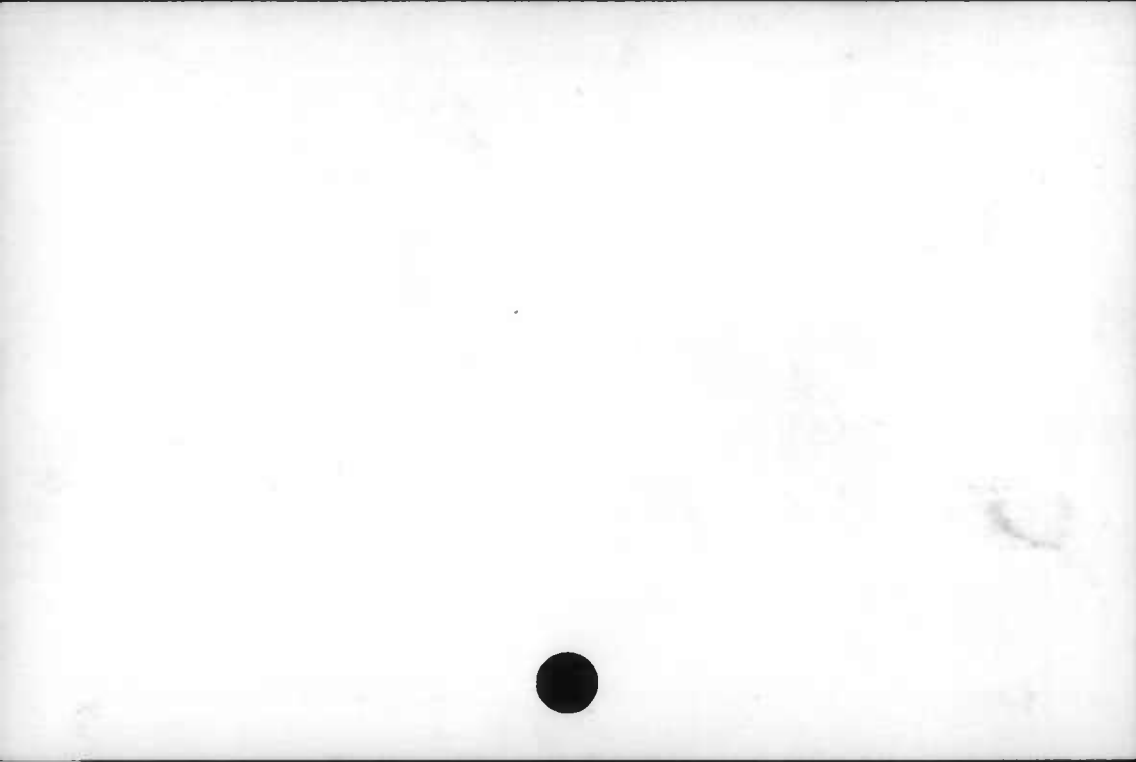
Signature of Physician

E E Wolff

Address

Cambridge, Md.

Accident or Suicide



Name
in
Full

Mary McBready

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cambridge* Town *Dorchester* County *MARYLAND*

Date of death *1909* Month *July* Day *31* Age *64* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Dorchester Co*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Henry Tindley*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *A. B. Jackson* How related to deceased *Son in law*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

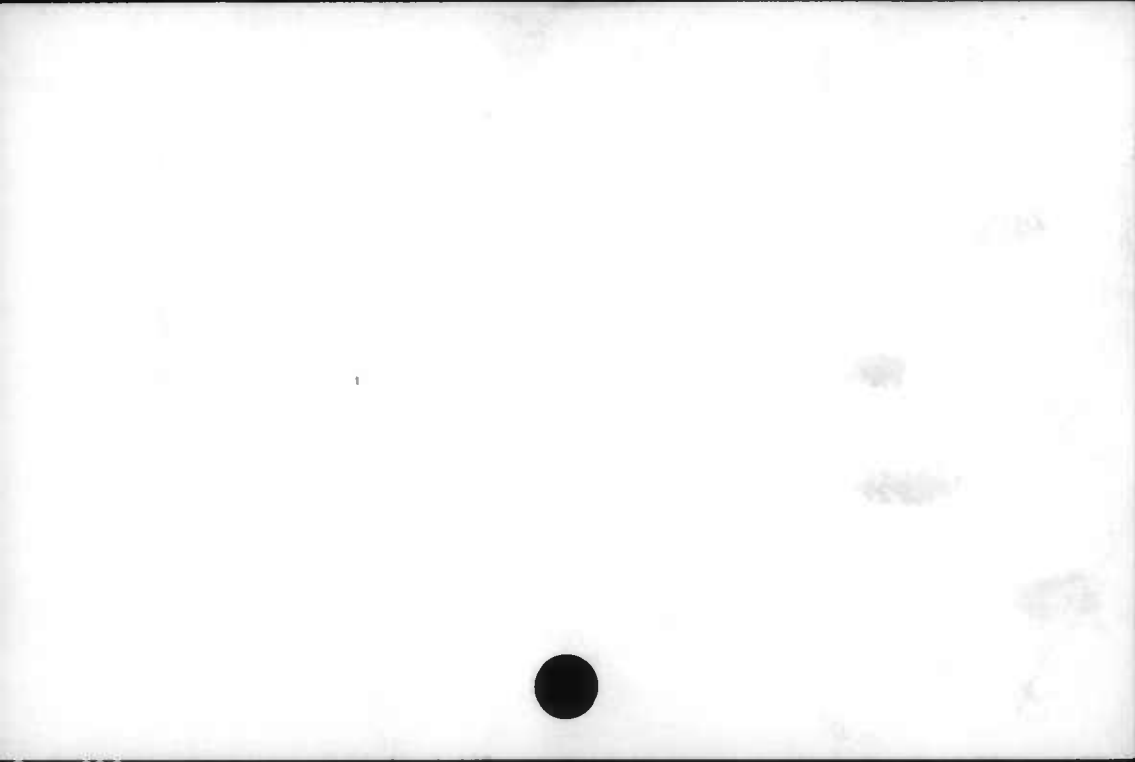
Primary *Ch Nephritis* How long *6 or 7 mos*

Immediate *Cardiac Failure* How long *several days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *D. P. Reynolds M.D.* Address *Cambridge Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

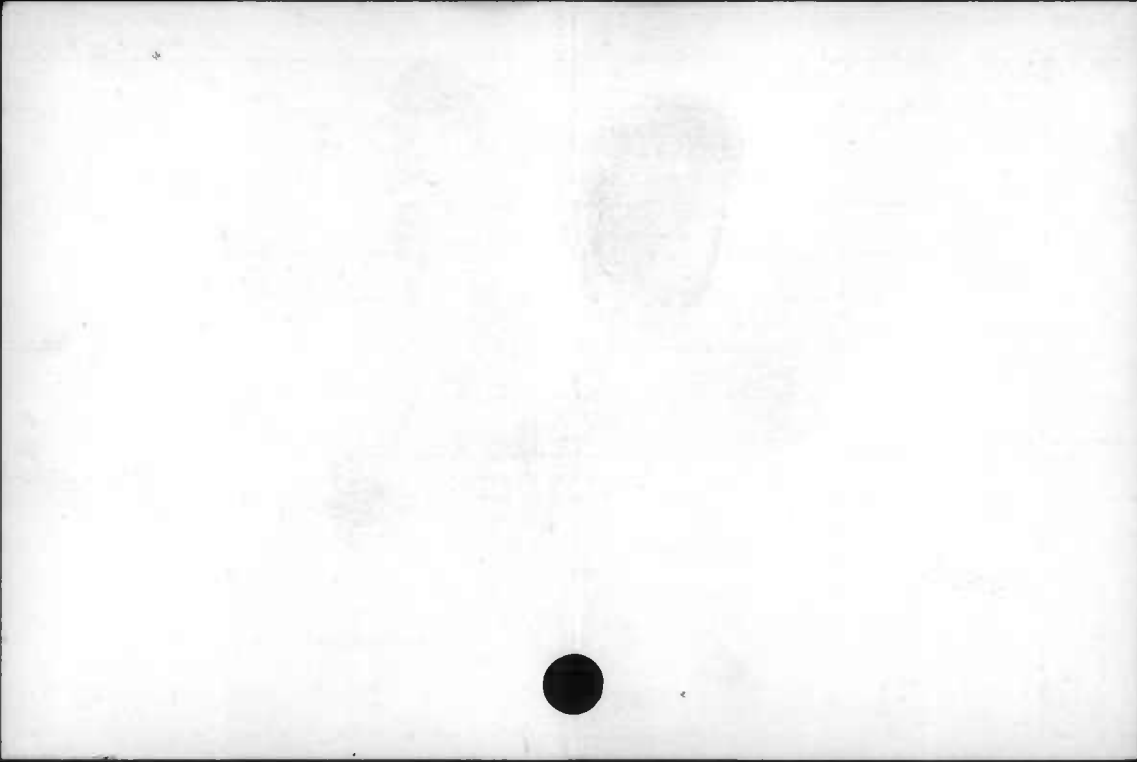
Name *Levin E Majors* Town *Williamsburg* County *Dor*
Died at *Williamsburg* *Dor* **MARYLAND**
Date of death 1909 *July* Month *30* Day *25* Year *25* Months Days
Sex *male* Color or Race *white* Birth-place *md*
Occupation *farmer* Where Residing if not at place of death
Married, Single or Widowed *single* Name of Wife or Husbend
Father's Name *Levin Majors* Father's Birthplace *md*
Mother's Maiden Name *Sarah Evans* Mother's Birthplace *md*
Name of person giving Information *John Majors* How related to deceased *brother*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's* How long *several years*
Immediate
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *R Kemp Jefferson*
Address *Federal City*
md
Accident or Suicide



Name
in
Full

Edna M. Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

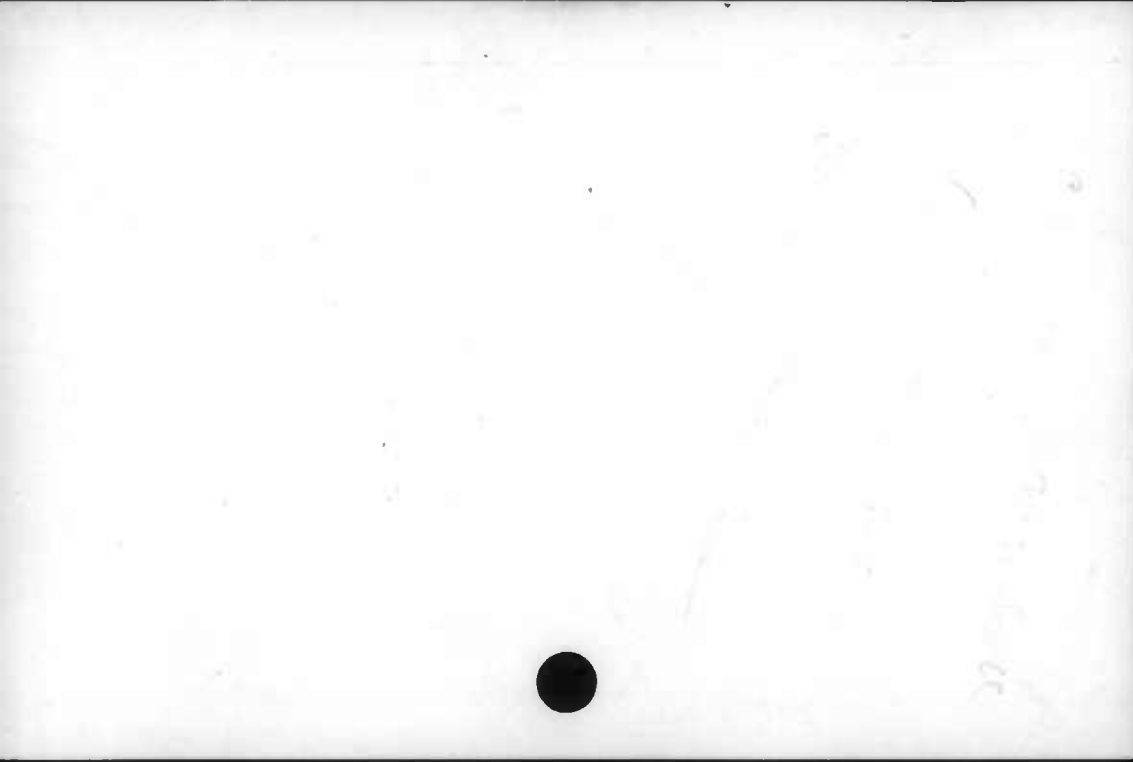
| | | | | | | | |
|-----------------------------------|--|---------------|-----|-----------------------------------------|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1909 | | July | 3 | | | 1 | 14 |
| Sex | | Color or Race | | Birth place | | | |
| Female | | Colored | | Cambridge Md | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| | | | | | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| | | | | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| Thomas Hatmon | | | | Cambridge | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Gertrude Marshall | | | | Cambridge | | | |
| Name of person giving Information | | | | How related to deceased | | | |
| Gertrude Marshall | | | | Mother | | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|------------------|------------------------|----------|
| Primary | Cholera Infantum | How long | One week |
| Immediate | Asphyxia | How long | Few days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | D. P. Reynolds MD | |
| | | Address | |
| | | Cambridge Md | |
| Accident or Suicide | | | |



Name
in
Full

CERTIFICATE OF DEATH

Amelia Meestius

Town

County

MARYLAND

Died at

Cambridge Dorchester

Date

of death

1909 July

Day

27

Age

Years

36

Months

Days

Sex

Female

Color or
Race

Colored

Birth
place

Dorchester Co

Occupation

Laundress

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Frank Meestius

Father's
Name

Anthony Saunders

Father's
Birthplace

Dorchester Co

Mother's
Maiden Name

Sarah Keene

Mother's
Birthplace

Dorchester Co

Name of person giving
Information

Marie Meestius

How related
to deceased

Daughter

CAUSES OF DEATH

27

X

Primary

Pul Tuberculosis

How long

5 mos

Immediate

Staphylococcus

How long

Several weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dexter S Reynolds MD
Cambridge, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emily Louisa Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cambridge* ^{Town} *Dorchester* ^{County} **MARYLAND**

Date of death 1907 ^{Month} *July* ^{Day} *18* ^{Years} *7* ^{Months} *27* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Child* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *Ashby J. Mills* Father's Birthplace *Ind*

Mother's Maiden Name *Lotter B. Clark* Mother's Birthplace *Ind*

Name of person giving Information *A. J. Mills* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infantis* How long *Can't say*

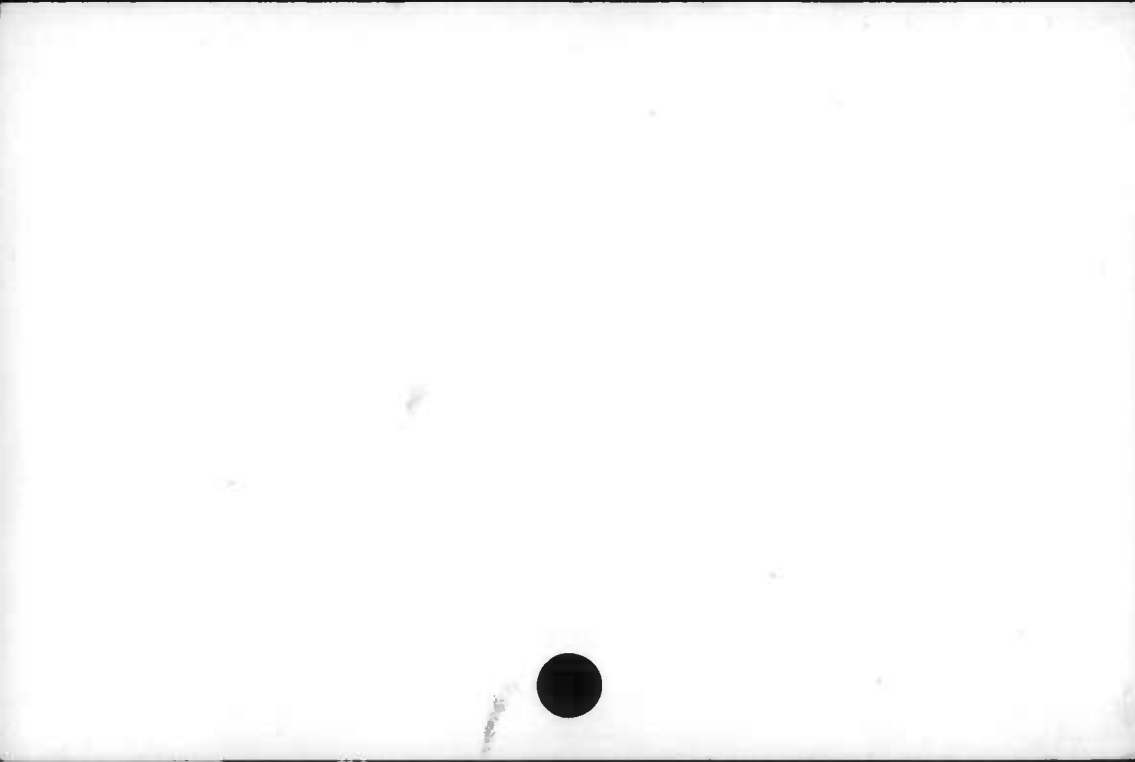
Immediate *Exhaustion* How long *I only saw the child one time*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. E. Wright*

Address *Cambridge, Ind.*

Accident or Suicide



| | | | | | | | |
|----------------------------------------------------------------------|--|---------------------|-------|-----------------------------------------|-----|-------------------------|--------|
| Name in Full | | Thomas Edward Moore | | | | CERTIFICATE OF DEATH | |
| | | Town | | County | | MARYLAND | |
| Died at | | Cornersville | | Dorchester | | | |
| Date of death | | 1909 | Month | July | Day | 14 | Years |
| | | | | Age | | 28 | Months |
| | | | | | | Days | |
| Sex | | male | | Color or Race | | White | |
| Occupation | | Laborer | | Birth-place | | Dorchester Co | |
| | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Married | | Name of Wife or Husband | | Beulah Moore | |
| Father's Name | | Arthur G Moore | | | | Father's Birthplace | |
| | | | | | | Dorchester Co | |
| Mother's Maiden Name | | Amanda Thomas | | | | Mother's Birthplace | |
| | | | | | | Dorchester Co | |
| Name of person giving information | | Ada Moore | | | | How related to deceased | |
| | | | | | | Sisters | |
| | | CAUSES OF DEATH | | | | 159 | |
| Primary | | Tuberculosis | | | | How long | |
| | | | | | | | |
| Immediate | | Pistol Shot wound | | | | How long | |
| | | | | | | | |
| Are the name, age, sex, color, data and place correctly given above? | | yes | | Signature of Physician | | D. L. Moore, coroner | |
| | | | | Address | | cornersville | |
| | | | | | | | |
| Accident or Suicide? | | Suicide | | | | Maryland | |
| | | | | | | | |



Name
in
Full

Martha E. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

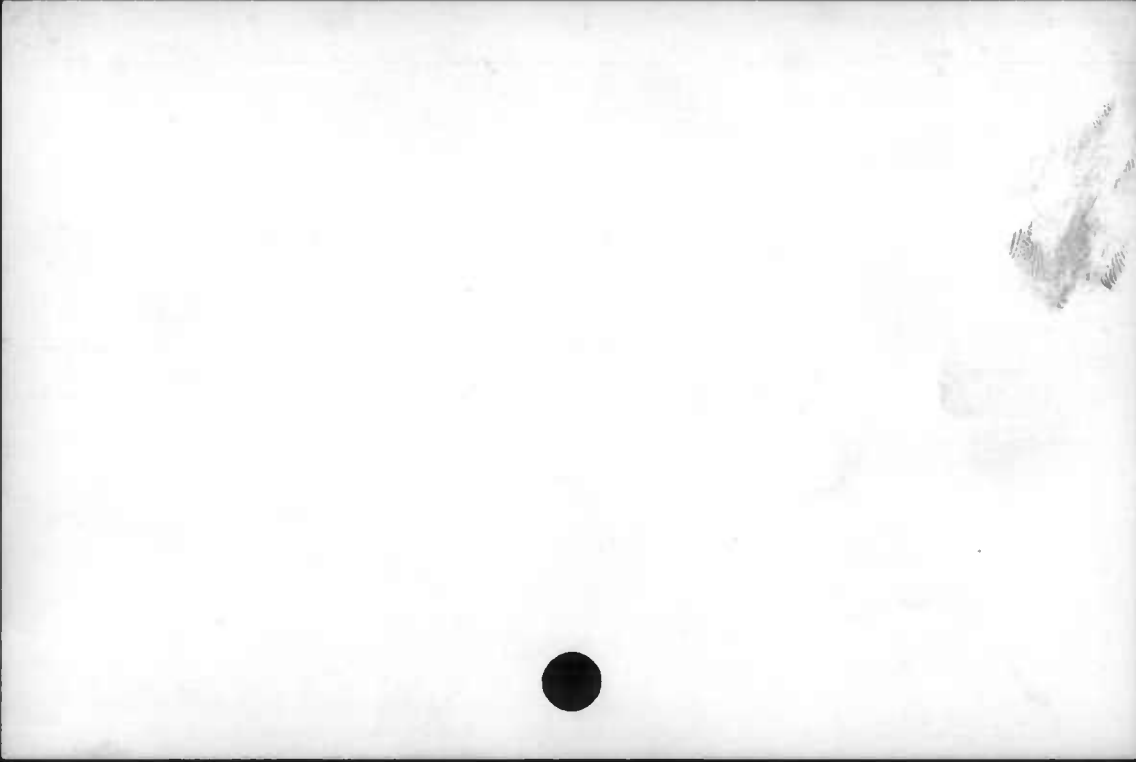
| | | | | | |
|-----------------------------------|----------------|-------------------------|-------------------------------------------------------------|-------------|----------|
| Died at <u>Cambridge</u> Town | | <u>Baltimore</u> County | | MARYLAND | |
| Date of death | 1909 | Month | July | Day | 10 |
| Age | 59 | Years | | Months | |
| Sex | Female | Color or Race | White | Birth-place | Maryland |
| Occupation | Housewife | | Where Residing if not at place of death <u>Cambridge Md</u> | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Perry H. Moore | | |
| Father's Name | William | Dayton | Father's Birthplace | Maryland | |
| Mother's Maiden Name | Jemima | McCreedy | Mother's Birthplace | " | |
| Name of person giving Information | Perry H. Moore | | How related to deceased | Husband | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|-------------------|----------------|---------------|
| Primary | Chronic Nephritis | How long | about 30 days |
| Immediate | Uraemia | How long | 12 days |
| Are the name, age, sex, color, date and place correctly given above? | | yes | |
| Signature of Physician | | E E Wolff | |
| Address | | Cambridge, Md. | |
| Accident or Suicide | | | |



Name
in
Full

Maurice S. Moses

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

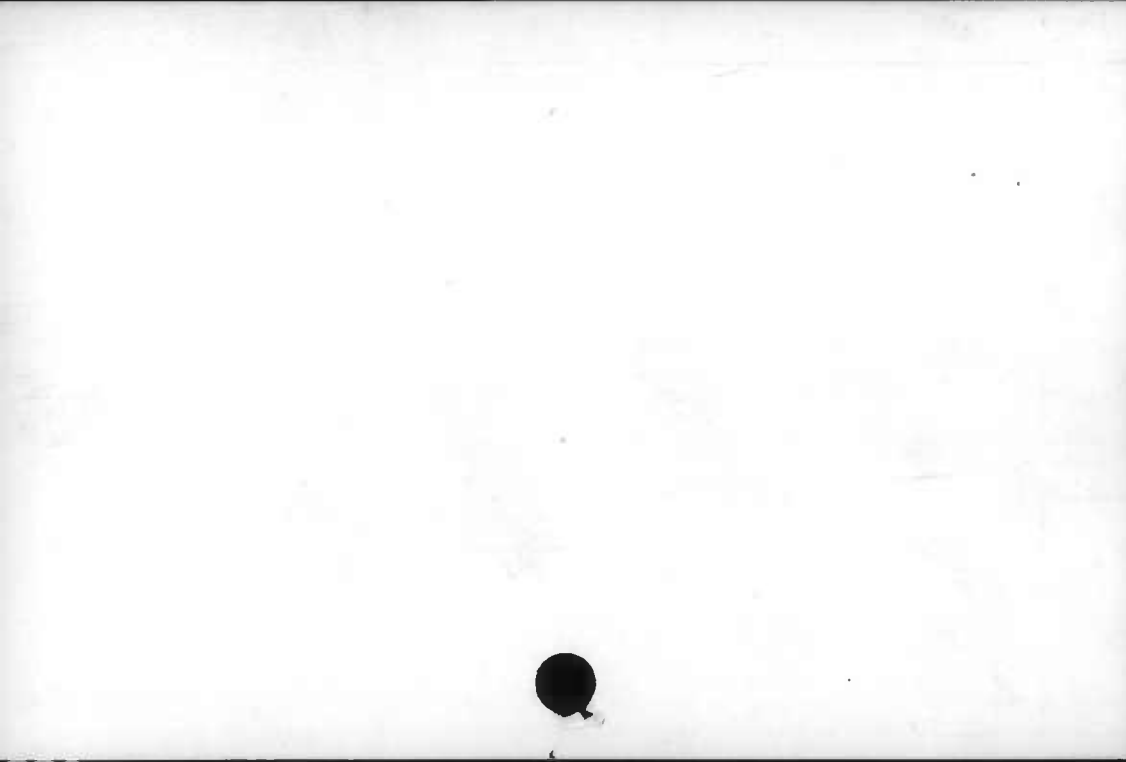
| | | | | | | | |
|------------------------------------------------------------|--|-----------------------------------------------------------|------------------|-------------------------------|--------|----------|--|
| Died at | | Town <i>Cambridge</i> | | County <i>Dorchester</i> | | MARYLAND | |
| Date of death | | Month <i>July</i> | Day <i>12</i> | Years <i>28</i> | Months | Days | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>N. York</i> | | | |
| Occupation <i>Show-business</i> | | Where Residing if not at place of death <i>N. York</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | | | |
| Father's Name <i>Samuel Moses</i> | | Father's Birthplace <i>London Eng.</i> | | | | | |
| Mother's Maiden Name <i>Hannah Solomon</i> | | Mother's Birthplace <i>Lancaster Pa</i> | | | | | |
| Name of person giving Information <i>Simon W. Moses</i> | | How related to deceased <i>Brother</i> | | | | | |

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|--|----------------------------------------------|--|
| Primary | | How long | |
| <i>Acromioclavicular</i> | | | |
| Immediate | | How long | |
| | | | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>[Signature]</i> | |
| <i>[Signature]</i> | | Address <i>246 M. Naylor St.</i> | |
| Accident or Suicide | | | |



Name
in
Full

Lesley Mosses

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|-----------------------------------------|-----|---------------|--------|----------|--|
| Died at | | Town | | County | | State | |
| Cambridge | | Dorchester | | Mass | | Maryland | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1909 | | July | 16 | Age | 16 | | |
| Sex | | Color or Race | | Birthplace | | | |
| Male | | Black | | Cambridge, Me | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| Oyster Shucker | | Cambridge | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Single | | | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Henry Mosses | | Cambridge, Me | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Helen Lankford | | Dorchester, Mass | | | | | |
| Name of person giving Information | | How related to deceased | | | | | |
| Henry Mosses | | Father | | | | | |

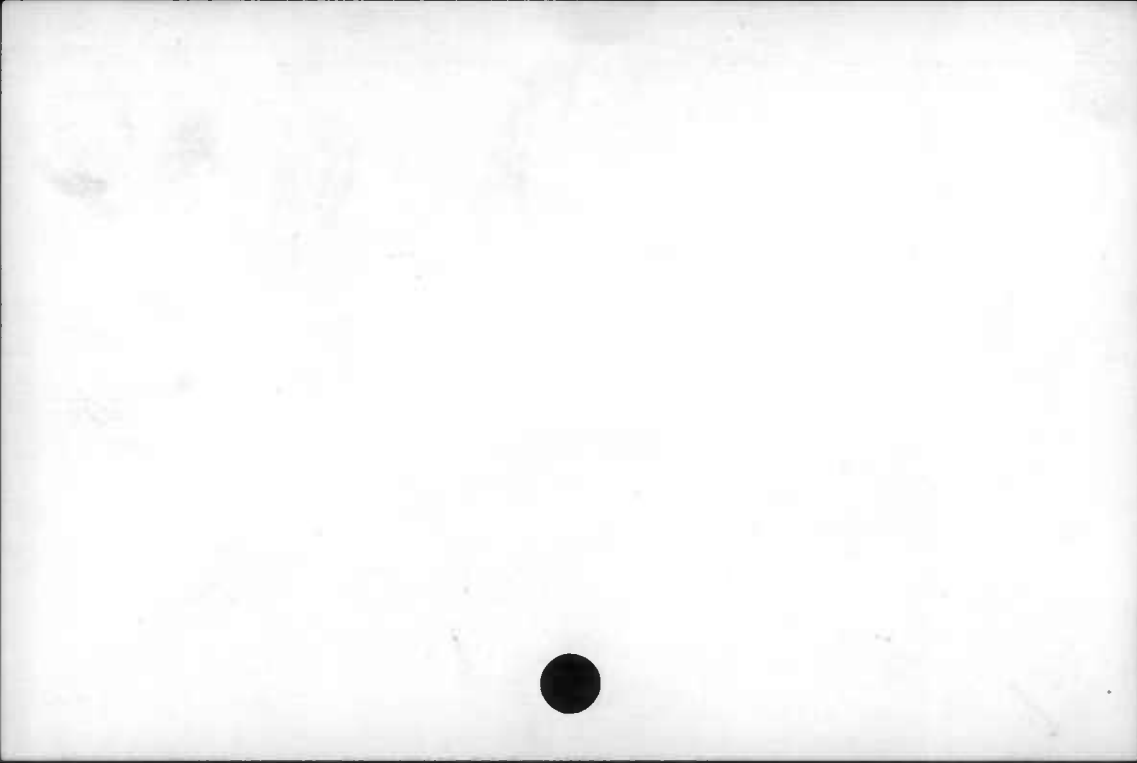
CAUSES OF DEATH

27

X

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|--|------------------------|--|
| Primary | | How long | |
| Tuberculosis | | Can't say | |
| Immediate | | How long | |
| Peritonitis | | 4 or 5 days | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | E. E. Walcott | |
| | | Address | |
| | | Cambridge, Mass | |
| Accident or Suicide | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Annie Hannah Moyer

Town

County

Died at

Secretary

Dorchester

MARYLAND

Date

of death

1909

Month

7

Day

Age

Years

Months

Days

4

Sex

Female

Color or
Race

White

Birth-
place

Dor Co

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Lake Moyer

Father's
Birthplace

Europ

Mother's
Maiden Name

Mary End

Mother's
Birthplace

Europ

Name of person giving
Information

Mary Moyer

How related
to deceased

Mother

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

2 days

Immediate

How long

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?

yes

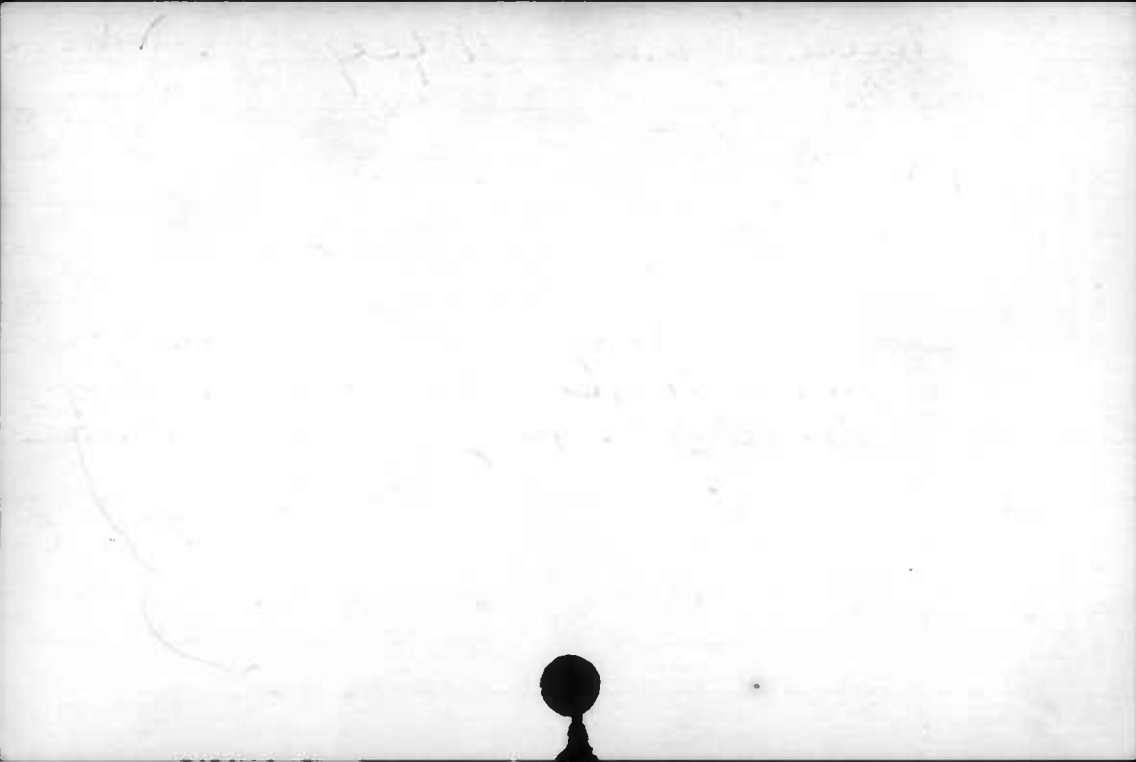
Signature of
Physician

Edward L. Jones

Address

East New Market, Md.

Accident or Suicide



Name
in
Full

Bertha Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

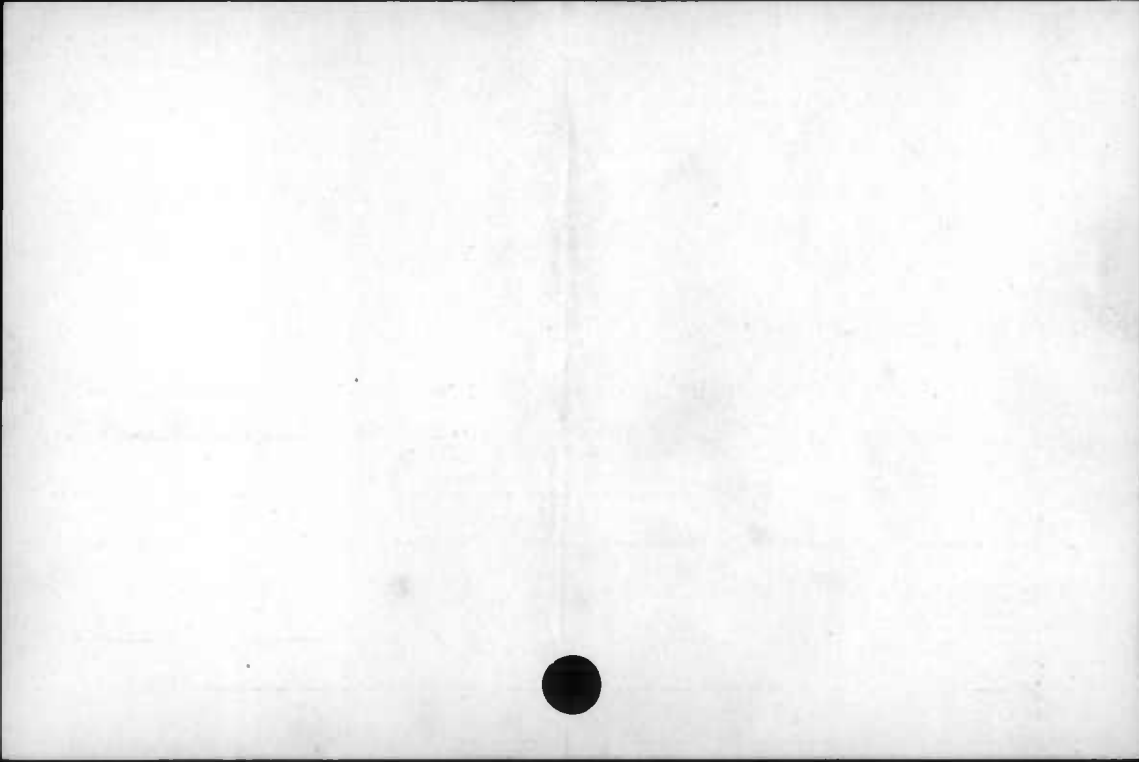
| | | | | | | | |
|------------------------------------------------------------|----------------------------------|------------|----------|------------------------------------------------|---|-------------|------------|
| Died at <i>Brookview</i> | | Town | | County | | MARYLAND | |
| Date of death 190 | 9 | Month 7 | Day 9 | Age Years | ✓ | Months 3 | Days 14 |
| Sex <i>female</i> | Color or Race <i>white</i> | | | Birth- place <i>Brookview</i> | | | |
| Married, Single or Widowed <i>single</i> | | | | Occupation <i>none</i> | | | |
| Name of Wife or Husband <i>none</i> | | | | | | | |
| Father's Name <i>John Nichols</i> | | | | Father's Birthplace <i>Dr Co</i> | | | |
| Mother's Maiden Name <i>Adena J Wheatley</i> | | | | Mother's Birthplace <i>Dr Co</i> | | | |
| Name of person giving Information <i>W J Nichols</i> | | | | How related to deceased <i>in father</i> | | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | |
|-------------------------------------------------------------------------|----------------------------------------------------------|
| Primary <i>Decomposition</i> | How long <i>3 weeks</i> |
| Immediate <i>The Sore</i> | How long <i>c</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>E. Rogers Mendenhall</i> |
| | Address <i>Meriden Ind</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah Ann Oshier

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Date

of death

1905 July

Month

Day

Age

Years

Months

Days

8

in

Sex

Female

Color or
Race

Colored

Birth
place

Dorchester Co

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Alfred Oshier

Father's
Birthplace

Dorchester Co

Mother's
Maiden Name

Ellen H Moore

Mother's
Birthplace

Dorchester Co

Name of person giving
Information

Alfred Oshier

How related
to deceased

Father

CAUSES OF DEATH

Primary

Gastro Enteritis

How long

One Mo

Immediate

Aschemia

How long

Several days

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

Dexter J Reynolds
Cambridge Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Antie Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge ^{Town} Woburn ^{County} MARYLAND

Date of death 1909 ^{Month} July ^{Day} 25 ^{Age} 7 ^{Years} - ^{Months} - ^{Days} -

Sex Male Color or Race White Birth-place W. Co. Md.

Occupation none Where Residing if not at place of death Campos Md.

Married, Single or Widowed Single Name of Wife or Husband -

Father's Name Rufus Phillips Father's Birthplace Dr. Co. Md.

Mother's Maiden Name Not known Mother's Birthplace -

Name of person giving Information Hospital Records How related to deceased -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Peripneumonia & acute Brights disease How long 4 months

Immediate Heart failure & depression from exerts How long days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician [Signature]

J Address Cambridge Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDFelix Phillips
Town Cambridge County Dor.

MARYLAND

Died at
Date of death 1909 July 29 Age 76
Month Day Years Months DaysSex female Color or Race w.
Occupation Housewife Birthplace DelawareWhere Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband John C. Phillips

Father's Name Ebrisa Hearn

Father's Birthplace Del.

Mother's Maiden Name Felix Elgate

Mother's Birthplace Del.

Name of person giving
Information Margaret Shanahan

How related to deceased Daughter

CAUSES OF DEATH

120

Primary Chronic nephritis

How long Some months

Immediate Exhaustion

How long Some days

Are the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician Dr. Gola Barry

Address Cambridge, Ma

PHYSICIAN
OR CORNER

Accident or Suicide



Name
in
Full

Chas. G. Ross

CERTIFICATE OF DEATH

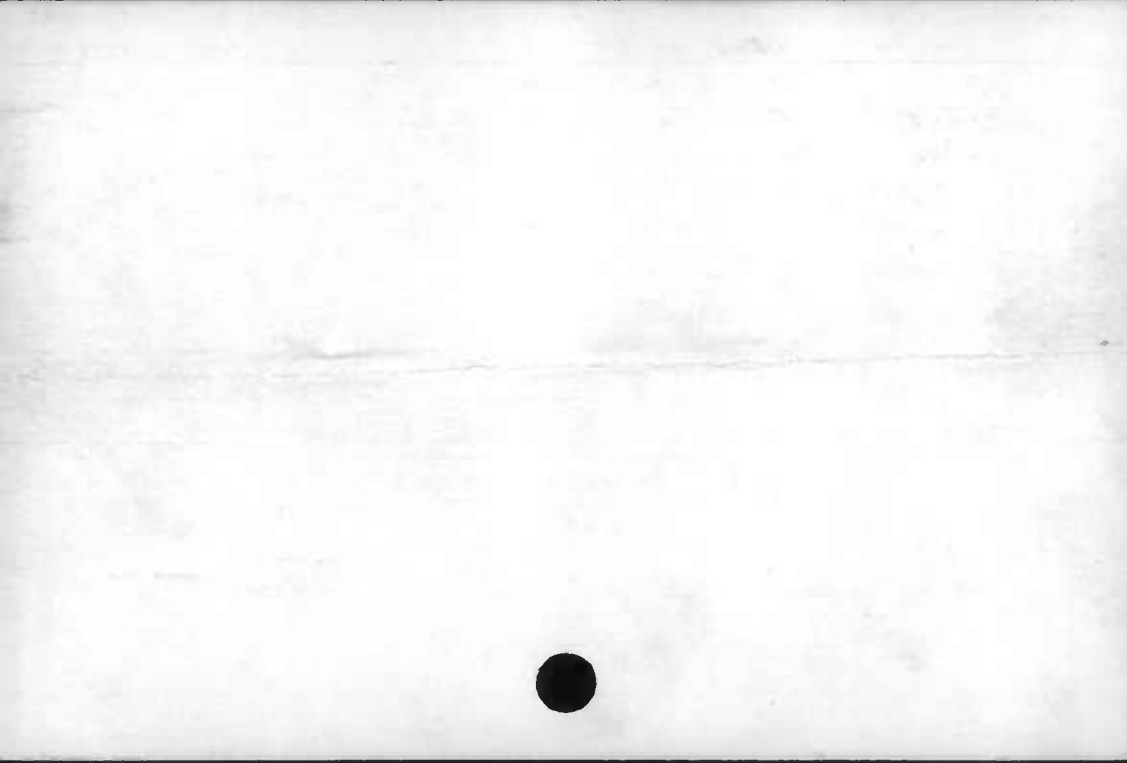
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|------------------------------------------------------|--|----------------------------------------|--|------------------------|--|----------------|--|
| Died at <i>Golden Hill</i> | | Town <i>Dorchester</i> | | County | | MARYLAND | |
| Date of death <i>1909 July 8</i> | | Month <i>July</i> | | Day <i>8</i> | | Age <i>21</i> | |
| Sex <i>Male</i> | | Color or Race <i>African</i> | | Months <i>3</i> | | Days <i>23</i> | |
| Occupation <i>Farming</i> | | Color or Race <i>African</i> | | Birth-place <i>Md.</i> | | | |
| Where Residing if not at place of death <i></i> | | | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i></i> | | | | | |
| Father's Name <i>Edem Ross</i> | | Father's Birthplace <i>Md.</i> | | | | | |
| Mother's Maiden Name <i>Charlotte Jennifer</i> | | Mother's Birthplace <i>Md.</i> | | | | | |
| Name of person giving Information <i>Asbury Ross</i> | | How related to deceased <i>brother</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---------------------------------------------------------------------------------|------------------------|---------------------------------------------------|----------------|
| Primary | <i>Typhoid Fever</i> | How long | <i>2 weeks</i> |
| Immediate | <i>Cardiac Failure</i> | How long | <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Jos. K. Shriver Jr.</i> | |
| Address <i>Taylor's Island Md.</i> | | | |
| Accident or Suicide <i></i> | | | |



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Percy Tobias Stansbury md

Town

County

MARYLAND

Died at wingates District no 10 Dorchester

Date

Month

Day

Years

Months

Days

of death

1909

July

26th

Age

40

Sex

male

Color or
Race

white

Birth-
place

Baltimore

Occupation

Physician

Where Residing if not
at place of death

Died at home

Married, Single
or Widowed

married

Name of Wife or
Husband

Florence a Stansbury

Father's
Name

Nathaniel Stansbury

Father's
Birthplace

Maryland

Mother's
Name

Hannah Waddell

Mother's
Birthplace

Baltimore

Name of person giving
Information

Florence a Stansbury

How related
to deceased

CAUSES OF DEATH

48

✓

Primary

Rheumatism

How long

6 or 8 months

Immediate

Heart failure

How long

few minutes

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

no Physician in attendance
Wm H H Pritchett J P
Subregister Bishop Head md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
is
Full

Baby not named Stone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Toddville

Town

Norchester

County

Date of death 1909 July

Month

Day

14

Age 5 days

Months

Days

Sex Female

Color or
Rece

White

Birth-
place

Toddville

Occupation

None

Where Residing if not
at place of death

Died at home

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

William Stone

Father's
Birthplace

Germany

Mother's
Maiden Name

Unobtainable

Mother's
Birthplace

Deutschland

Name of person giving
Information

William Stone

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

How long

Immediate

Malnutrition

How long

5 days

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

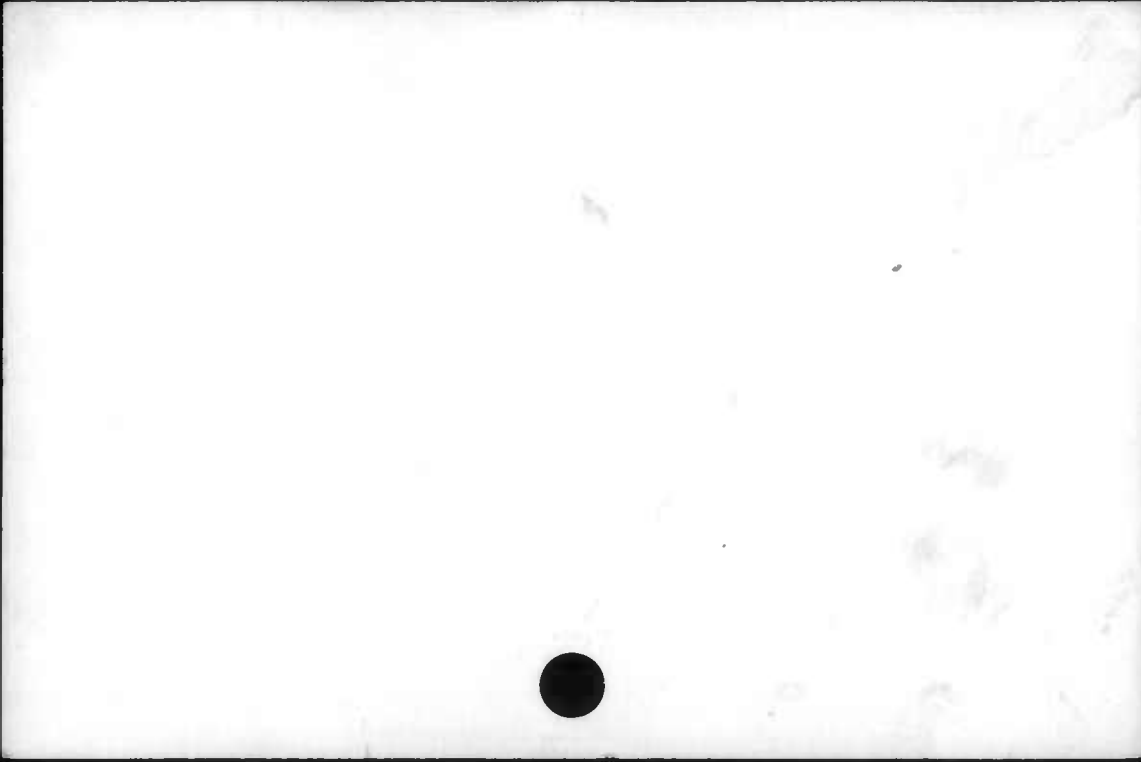
J. M. White M.D.

Address

as far as I know

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Emma Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

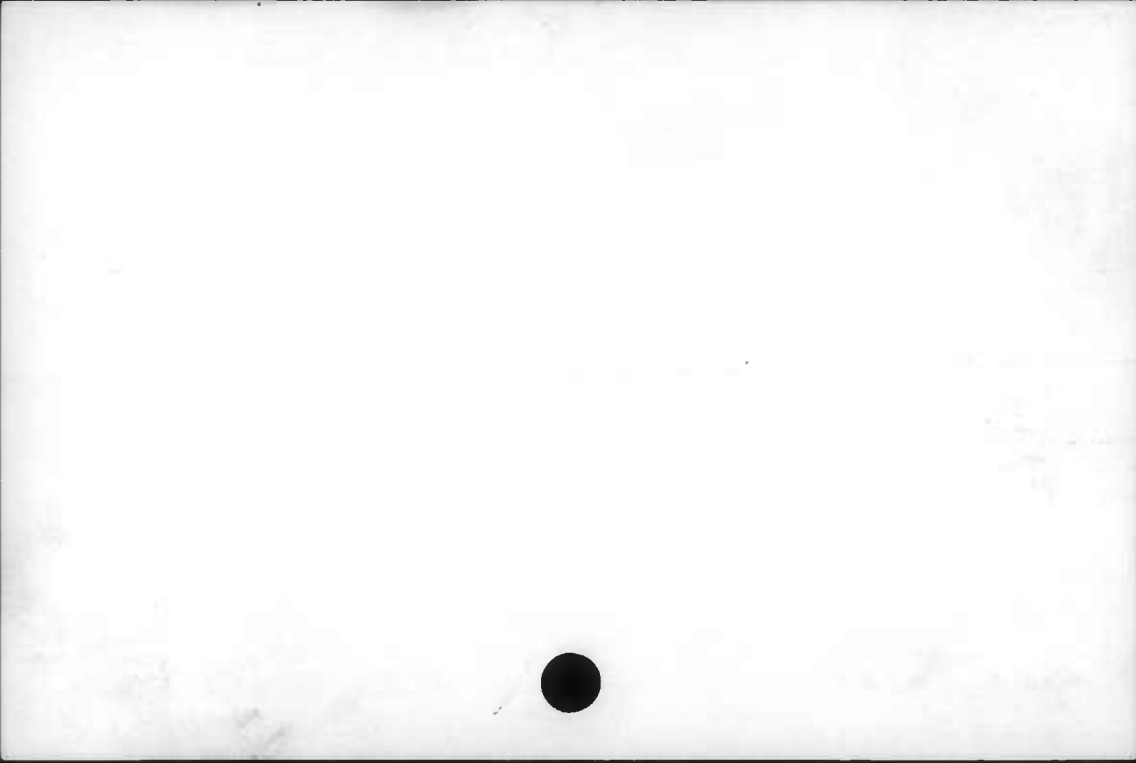
| | | | | | |
|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------|-----------------------------------------|-----------------------------------------------------|--|
| Died at <u>Bambridge</u> ^{Town} | | <u>Marchester</u> ^{County} | | MARYLAND | |
| Date of death 190 <u>9</u> ^{Month} <u>July</u> ^{Day} | | Age <u>40</u> ^{Years} | | <u>—</u> ^{Months} <u>—</u> ^{Days} | |
| Sex <u>Female</u> | Color or Race <u>White</u> | Birth-place <u>Maryland</u> | | | |
| Occupation <u>House Wife</u> | Where Residing if not at place of death <u>Bambridge Md</u> | | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>James E Thomas</u> | | | | |
| Father's Name <u>Isaac Figg</u> | Father's Birthplace <u>Maryland</u> | | | | |
| Mother's Maiden Name <u>Maggie Myers</u> | Mother's Birthplace <u>..</u> | | | | |
| Name of person giving Information <u>William Drake</u> | | | How related to deceased <u>Daughter</u> | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|------------------------------------------------|
| Primary <u>Pulmonary Tuberculosis</u> | How long <u>Six months</u> |
| Immediate <u>& Cancer</u> | How long <u>Five days</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Dr. G. A. Thomas</u> |
| | Address <u>Bambridge Md</u> |
| Accident or Suicide <u>8</u> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *F. E. Todd* Town *Bishop Head* County *Dorchester* Maryland
Died at *Bishop Head* Dis *2* 10
Date of death 1909 Month *July* Day *23* Age *—* Months *6* Days *—*
Sex *male* Color or Race *white* Birthplace *Bishop*
Occupation *none* Where Residing if not at place of death *Bishop*
Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *Clwood Todd* Father's Birthplace *Bishop*
Mother's Maiden Name *Blanch Robinson* Mother's Birthplace *Bishop Head*
Name of person giving Information *Blanch Todd* How related to deceased *mother*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *unknown* How long *four days*
Immediate
Are the name, age, sex, color, date and place correctly given above? *yes*
as near as could be found out
Accident or Suicide
Signature of Physician *no physician in attendance*
Address *Wm H H Fitchett J D*
Subregister Bishop Head md



Name
in
Full

Rosanne Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

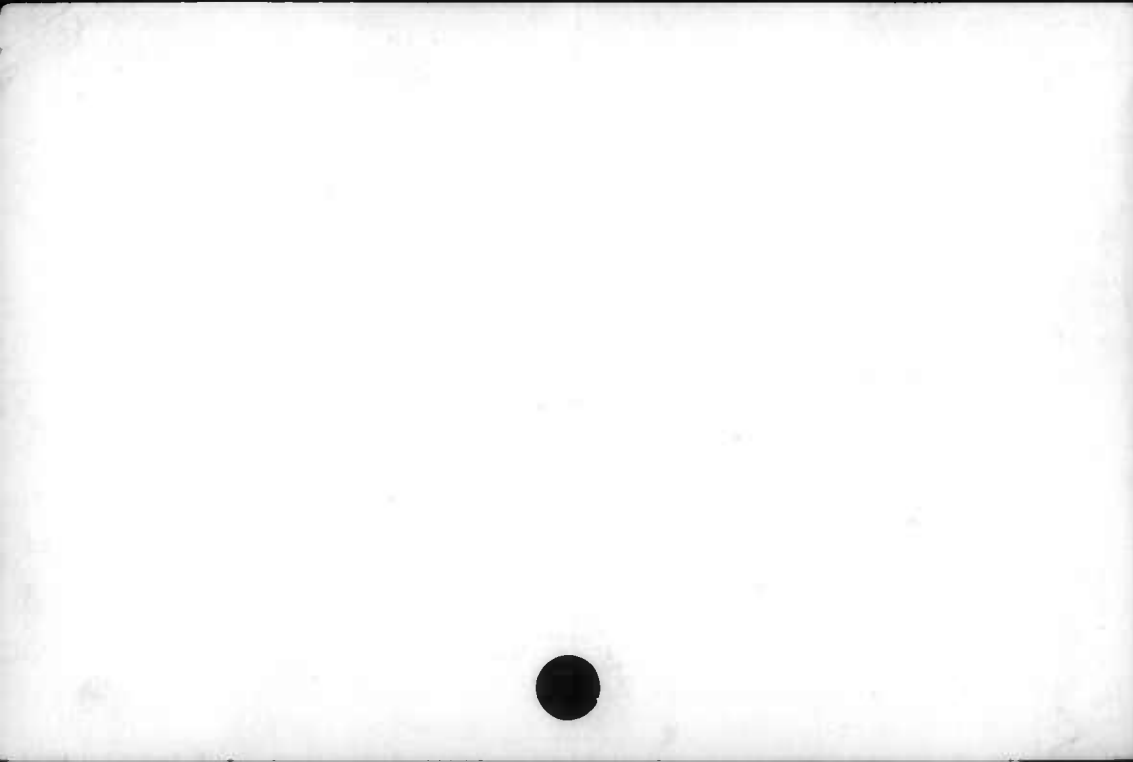
| | | | | | |
|-----------------------------------|--------------|------------------------------------|-----------------------------------------|-------------------------|---------------|
| Died at <u>Toddville</u> Town | | <u>Dorchester</u> County | | MARYLAND | |
| Date of death | 1909 | Month | July | Day | 5 |
| Age | 73 | Years | | Months | |
| Sex | Female | Color or Race | White | Birth-place | Toddville, Md |
| Occupation | Housewife | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Widow | | Zacharia Todd | | | |
| Father's Name | John Norrman | | | Father's Birthplace | Toddville Md |
| Mother's Maiden Name | Not known | | | Mother's Birthplace | Not known |
| Name of person giving Information | Charles Todd | | | How related to deceased | Son |

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

| | |
|----------------------------------------------------------------------|------------------------|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| Yrs | J. M. Whites MD |
| As far as I know | Address |
| | Temps. Md |
| Accident or Suicide | |



Name
in
Full

Helen Thorne

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Hopkewille

Dorchester

Date

of death 1909

Month

July

Day

12

Years

Age

2

Months

1

Days

4

Sex

Female

Color or
Race

Black

Birth-
place

Hopkewille

Occupation

0

Where Residing if not
at place of death

L. S.

Married, Single
or Widowed

0

Name of Wife or
Husband

0

Father's
Name

Walter Thorne

Father's
BirthplaceMother's
Maiden Name

Julia Johnson

Mother's
Birthplace

Hopkewille

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

105

Primary

Dysentery Diarrhea

How long

about 14 days

Immediate

How long

Are the name, age, sex, color, data
and place correctly given?

It is

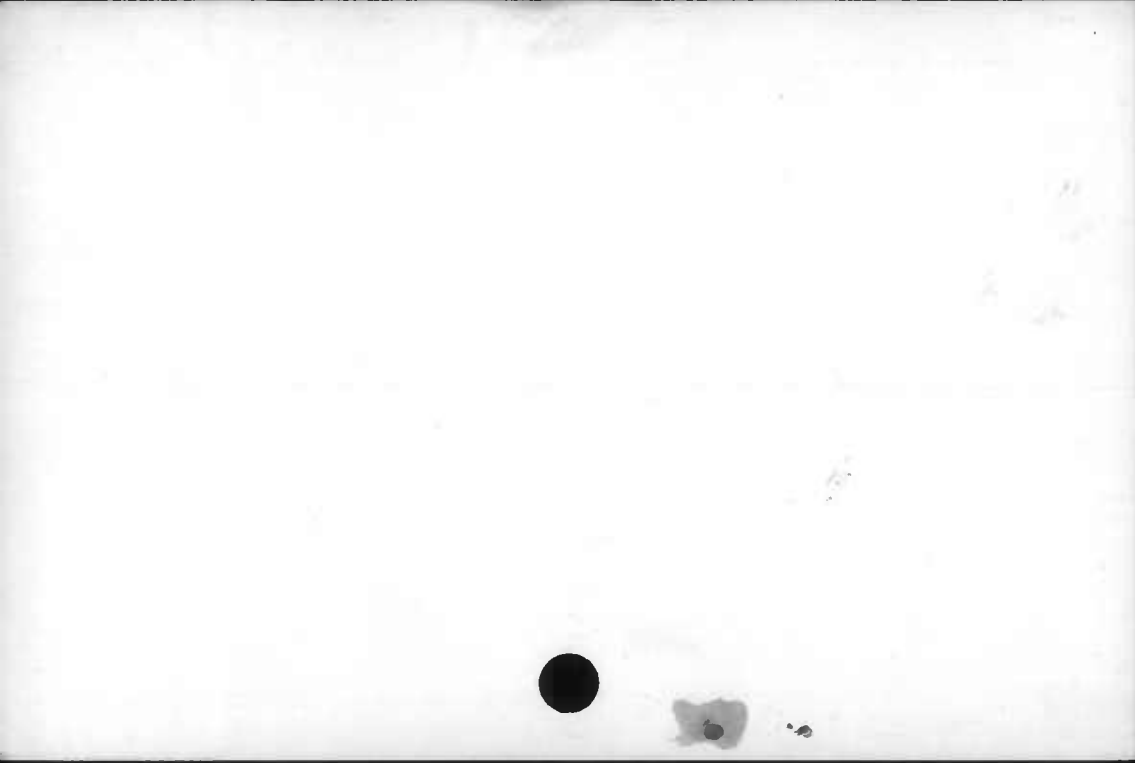
Signature of
Physician

Address

J. A. Carman, M.D.
Hopkewille Rd

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Walter

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Date

of death

1909 July

Month

Day

7

Age

Years

59

Months

Days

Sex

Female

Color or
Race

Colored

Birth
place

Dorchester Co

Occupation

House wife

Where Residing if not
at place of death

~

Married, Single
or Widowed

Married

Name of Wife or
Husband

George Walter

Father's
Name

Daniel Bennett

Father's
Birthplace

Dorchester Co

Mother's
Maiden Name

Isuriella Cooper

Mother's
Birthplace

Talbot Co

Name of person giving
Information

Geo Walter

How related
to deceased

Husband

CAUSES OF DEATH

120

Primary

Chr. Nephritis

How long

Several mos

Immediate

Cardiac Failure

How long

A few days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

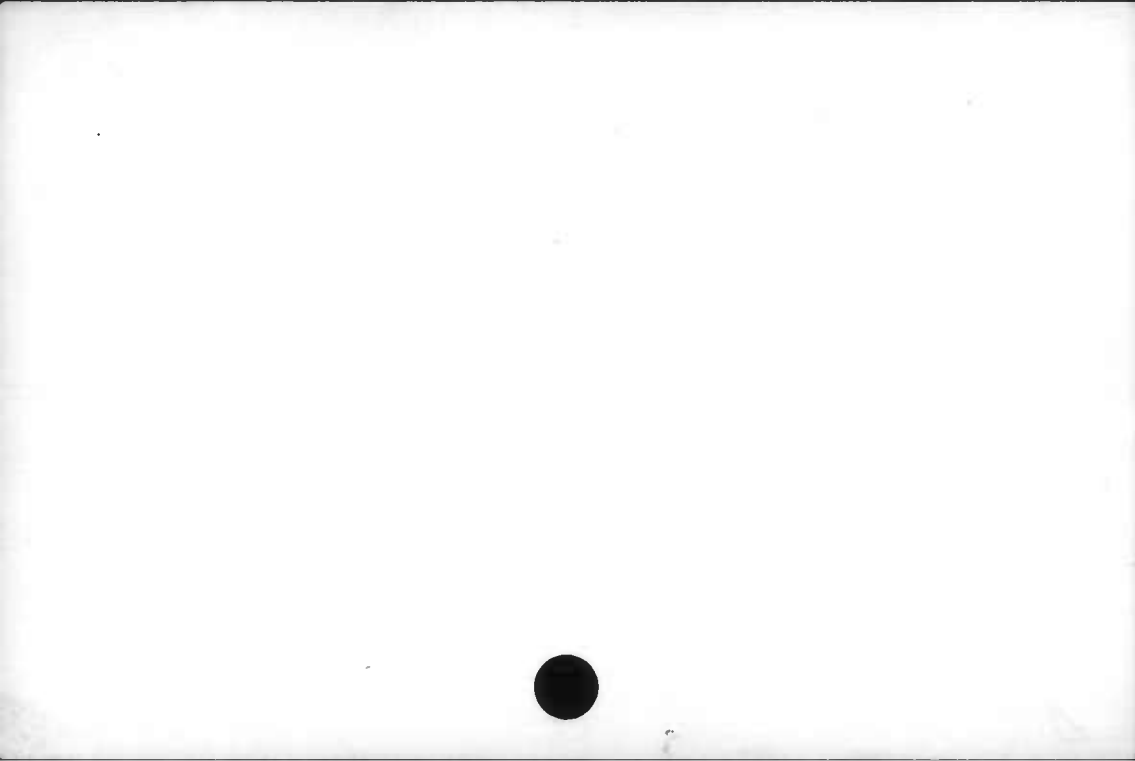
Dexter P. Reynolds MD

Address

Cambridge Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lettie Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 190 9 Month July Day 16 Age 12 Years Month — Days —

Sex Female Color or Race Black Birth-place Maryland

Occupation Child Where Residing if not at place of death Near Cambridge

Married, Single or Widowed Single Name of Wife or Husband Henry Ward

Father's Name Henry Ward Father's Birthplace Maryland

Mother's Maiden Name Siddie Bayly Mother's Birthplace ..

Name of person giving Information Henry Ward How related to deceased Father

CAUSES OF DEATH

Primary Dysphoid fever & Cerebral Meningitis How long 3 weeks

Immediate Gradual Exhaustion How long 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Wm. Steele

Address

Cambridge Md.

Accident or Suicide

PHYSICIAN
OR CORNER



Name in Full *Annetta Wheatley*

CERTIFICATE OF DEATH

MARYLAND

Died at *Cambridge* ^{Town} *Dorchester* ^{County}

Date of death *1909 July 17* ^{Month Day} Age *53* ^{Years} Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Dorchester Co*

Occupation *House duties* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Mrs. J. Wheatley*

Father's Name *not known* Father's Birthplace

Mother's Maiden Name *not known* Mother's Birthplace *not known*

Name of person giving Information *Mrs. J. Wheatley* How related to deceased *Husband*

CAUSES OF DEATH

120

Primary *Chronic nephritis* How long *Some months*

Immediate *Cardiac* How long *A few hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

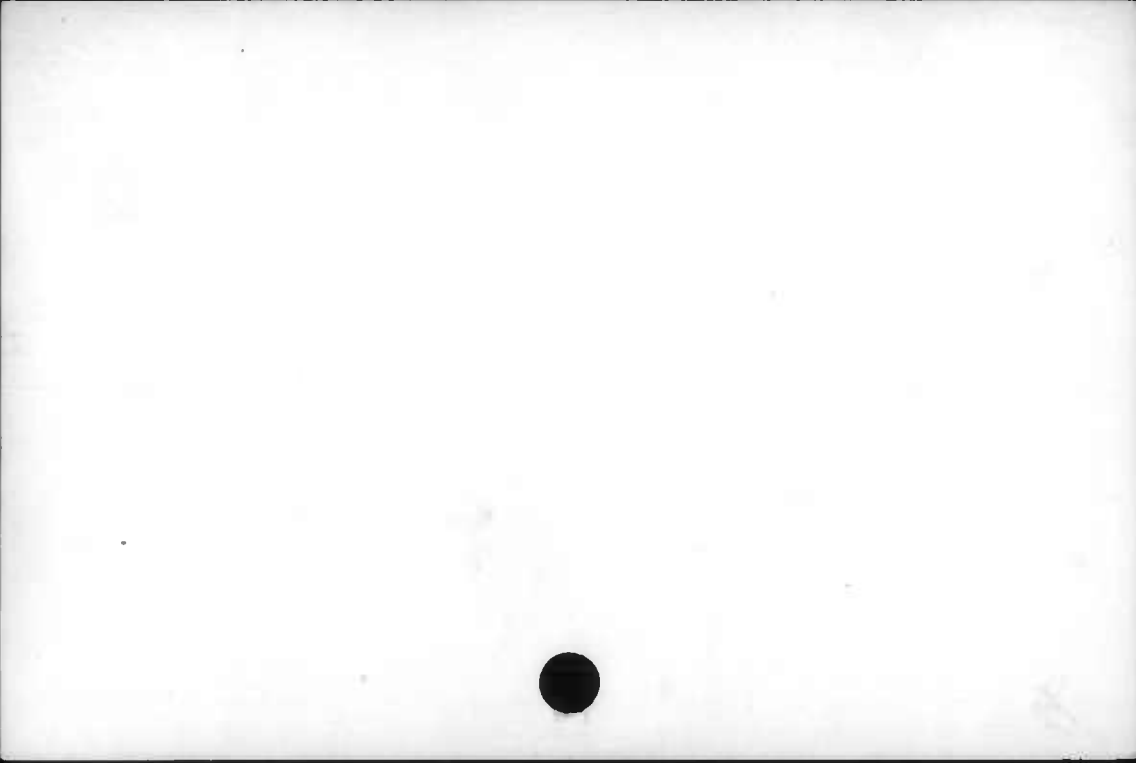
Signature of Physician *Dr. G. L. Brown*

Address *Cambridge, Md*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lucy C. Hilley* Town *Cambridge* County *Dorchester* MARYLAND

Died at *Cambridge* Date of death *1909 July 24* Age *63* Months *2* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *Cambridge "*

Married, Single or Widowed *Widow* Name of Wife or Husband *Edward M. Hilley*

Father's Name *George Meredith* Father's Birthplace *Maryland*

Mother's Maiden Name *Elizabeth Cooper* Mother's Birthplace *"*

Name of person giving Information *Dr. Arcey Barnett* How related to deceased *Nephew*

CAUSES OF DEATH

Primary *Fatty degeneration of heart -* How long *5 or 6 years*

Immediate *acute heart failure* How long *10 minutes*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of
Physician

Address

Lucy Stille
Cambridge Md.

Accident or Suicide

